

Name
in
Full

CERTIFICATE OF DEATH

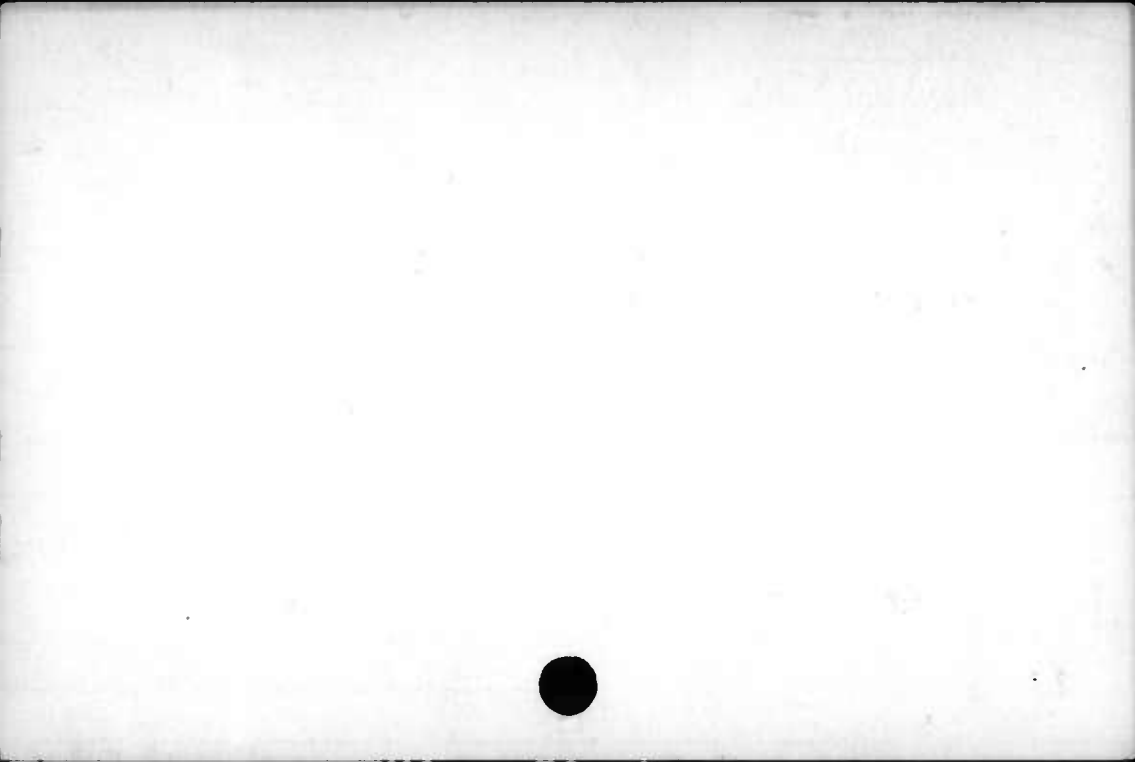
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Caroline Bask</i>		Town <i>Shady Side</i>		County <i>A.A.</i>		MARYLAND					
Died at <i>Shady Side</i>		Month <i>Feb</i>		Day <i>10</i>		Years <i>88</i>		Months <i>1</i>		Days <i>10</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>					
Occupation <i>None</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband									
Father's Name <i>Wm. Kischner</i>		Father's Birthplace <i>Germany</i>									
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Germany</i>									
Name of person giving information <i>W. F. Bask</i>		How related to deceased <i>Son</i>									

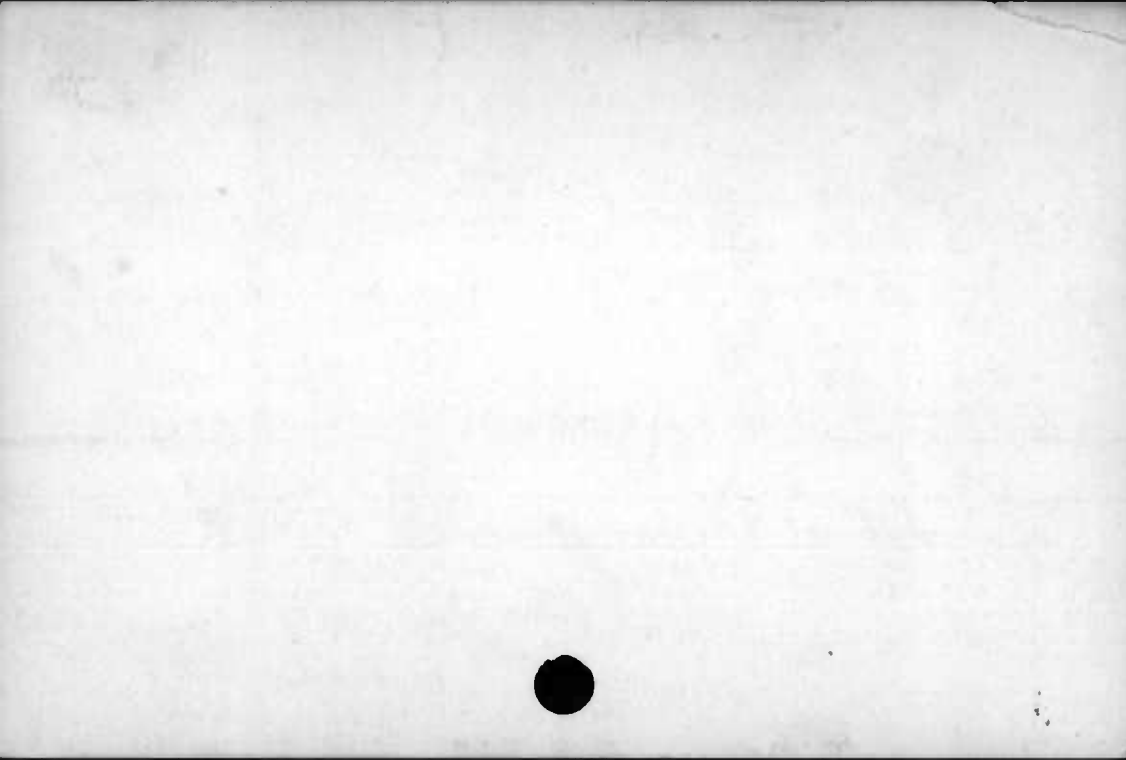
CAUSES OF DEATH

PHYSICIAN
OF CORONER

Primary <i>Bronchitis</i>		(91)		How long <i>3 weeks</i>	
Immediate <i>Bronchitis</i>				How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. T. Dent</i>			
		Address <i>Chumpton</i>			
Accident or Suicide? <i>—</i>					



Name in Full		Catherine Blackburn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		Anne Arundel		MARYLAND	
	Date of death	1907	Feb.	9 th	Age	74.	
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housekeeper		Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband			
	Father's Name	Richard Wells				Father's Birthplace	Balto Md
	Mother's Maiden Name	Hohus.				Mother's Birthplace	Annapolis
	Name of person giving information	Wm. E. Blackburn				How related to deceased	Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	La Grippe				How long	Four days
	Immediate	Exhaustion				How long	Two days
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				Geo. Wells		
Address				Annapolis Maryland			
Accident or Suicide?				No			



Name in Full		J. Edward Bollman				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
		Annapolis		Anne Arundel			
Date of death		190	Month	7	Day	4 th	Age
							Years
							Months
							Days
Sex		Male		Color or Race		White	
Occupation		Carpenter		Birth-place		Annapolis	
				Where Residing if not at place of death		167 Prince George St	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Matha Bollman	
Father's Name		Wm J Bollman		Father's Birthplace		Baltimore	
Mother's Maiden Name		L C Johnson		Mother's Birthplace		Annapolis	
Name of person giving information		L C Bollman		How related to deceased		Mother	
CAUSES OF DEATH							
Primary		Lobar Pneumonia				How long 4 days	
Immediate		Cardiac Failure				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J Oliver Purvis	
				Address		Annapolis	
Accident or Suicide?		no.				Ind	



Name
in
Full

Mary Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Laurel</u> ^{Town}		<u>Anne Arundel Co.</u> ^{County}		MARYLAND	
Date of death <u>190</u> ^{Year}	<u>Feb</u> ^{Month}	<u>20</u> ^{Day}	Age <u>1 mo.</u> ^{Years}	<u>1 mo.</u> ^{Months}	<u></u> ^{Days}
Sex <u>female</u>	Color or Race <u>black</u>		Birth place <u>Anne Arundel Co.</u>		
Occupation <u></u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>				
Father's Name <u>Thurman Brooks</u>	Father's Birthplace <u>MD</u>				
Mother's Maiden Name <u>Margaret Henson</u>	Mother's Birthplace <u>MD</u>				
Name of person giving information <u>Thomas Brooks</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OF CORONER

1

Primary	<u>Pneumonia</u>	How long <u>93</u>
Immediate	<u>7th</u>	How long <u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. P. Buckley</u>
		Address <u>Surrey</u>
Accident or Suicide? <u></u>		

intermit Near Laurel
Higher 9 Phair

Name
in
Full

CERTIFICATE OF DEATH

William Frederick Bryan

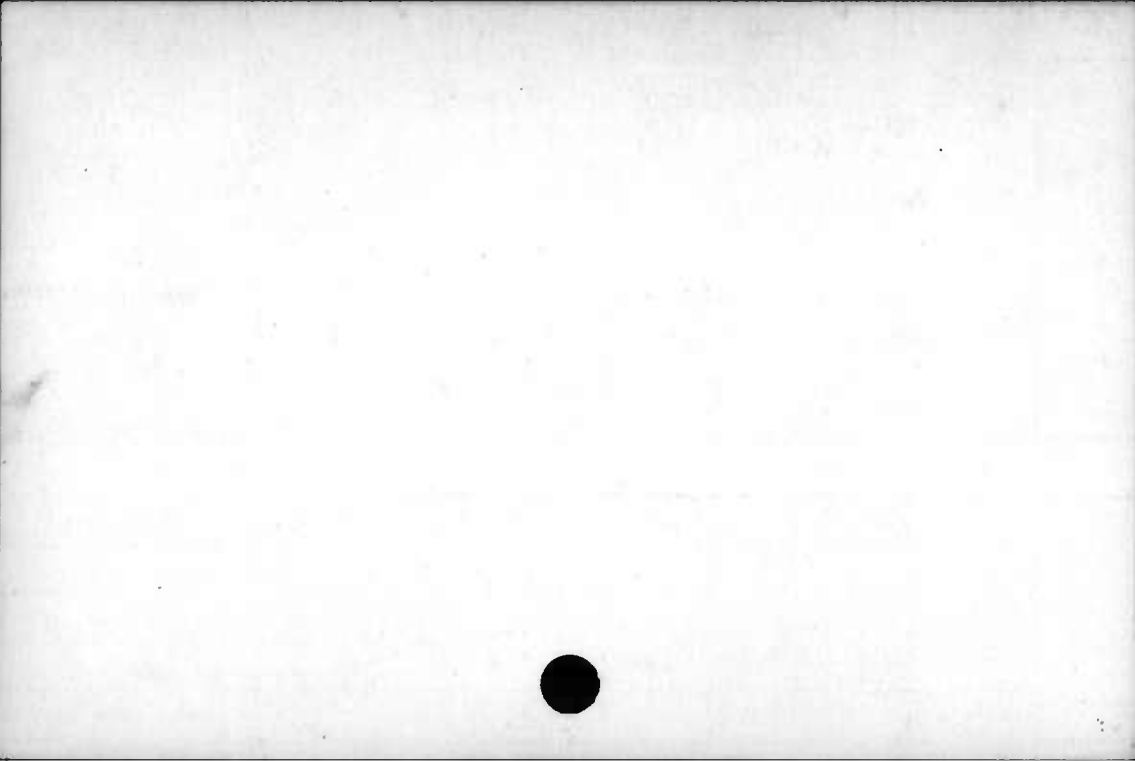
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis md</i>		<i>A. D. Co</i>		MAYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>13</i>	Age <i>—</i>	Months <i>2</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis md</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Fredrick Bryan</i>		Father's Birthplace			
Mother's Maiden Name <i>Maggie Phelps</i>		Mother's Birthplace <i>Annapolis md</i>			
Name of person giving information <i>Maggie Phelps</i>		How related to deceased <i>mother</i>		<i>(36)</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>congenital Loue's</i>		How long	<i>since Birth</i>
Immediate	<i>Exhaustion</i>		How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>John Ridout, M.D.</i>		
		Address <i>Annapolis Md</i>		
Accident or Suicide?				



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
R CORONER

CERTIFICATE OF DEATH

Died at <i>Annopolis</i>		Town <i>Annopolis</i>		County <i>Ann</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>17</i>	Age <i>21</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>A.A.Co. Md</i>		
Occupation	<i>Domestic</i>			Where Residing if not at place of death	<i>9 Jefferson Place</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Joseph Bugges</i>				
Father's Name	<i>Richard Gallagher</i>			Father's Birthplace	<i>A.A.Co. Md</i>		
Mother's Maiden Name	<i>Malvina Spence</i>			Mother's Birthplace	<i>A.A.Co. Md</i>		
Name of person giving information	<i>Miss Gantt</i>			How received to record	<i>Chosen in land</i>		

CAUSES OF DEATH

Primary	General Convulsion	How long	5 days
Immediate	Complete recovery	How long	10

Are the name, age, sex, color, date
and place correctly given above?

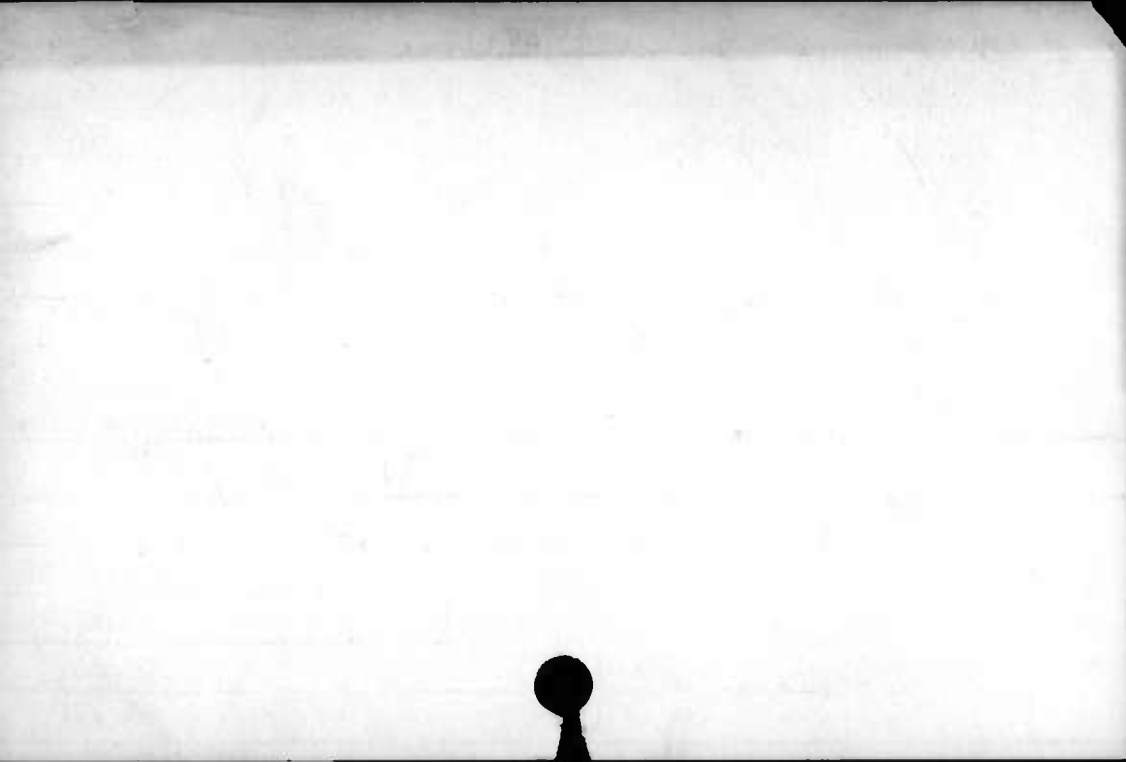
250

Signature of
Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88A16



Name
in
Full

CERTIFICATE OF DEATH

Mary Butler

Town

County

MARYLAND

Died at

Annapolis

AA

Date

of death

1907

Feb

Month

4th

Day

Age

69 yrs

Years

Months

Days

Sex

female

Color or
Race

colored

Birth-
place

West River Md

Occupation

Landress

Where Residing if not
at place of death

Spring Alley

Married, Single
or Widowed

married

Name of Wife or
Husband

James Butler

Father's
Name

David Lee

Father's
Birthplace

West River Md

Mother's
Maiden Name

Nelvin Bowe

Mother's
Birthplace

West River Md

Name of person giving
information

Daughter

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Tuberculosis

How long

Three months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John Ridout

Annapolis

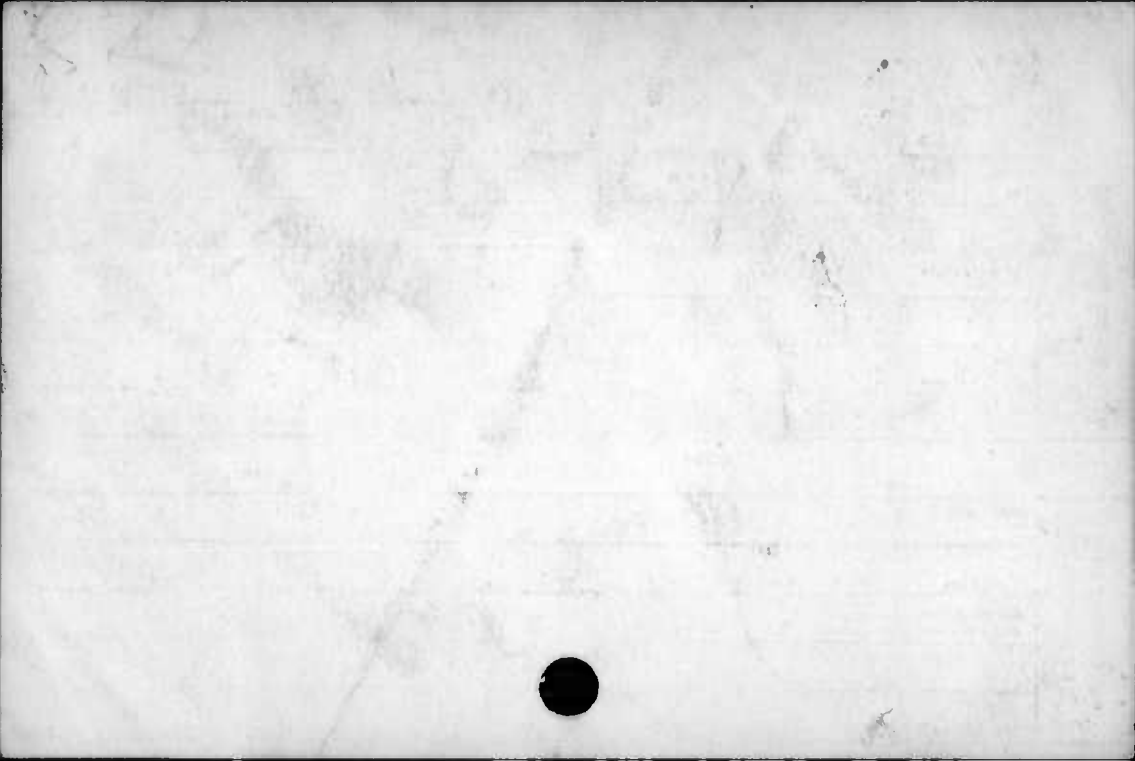
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

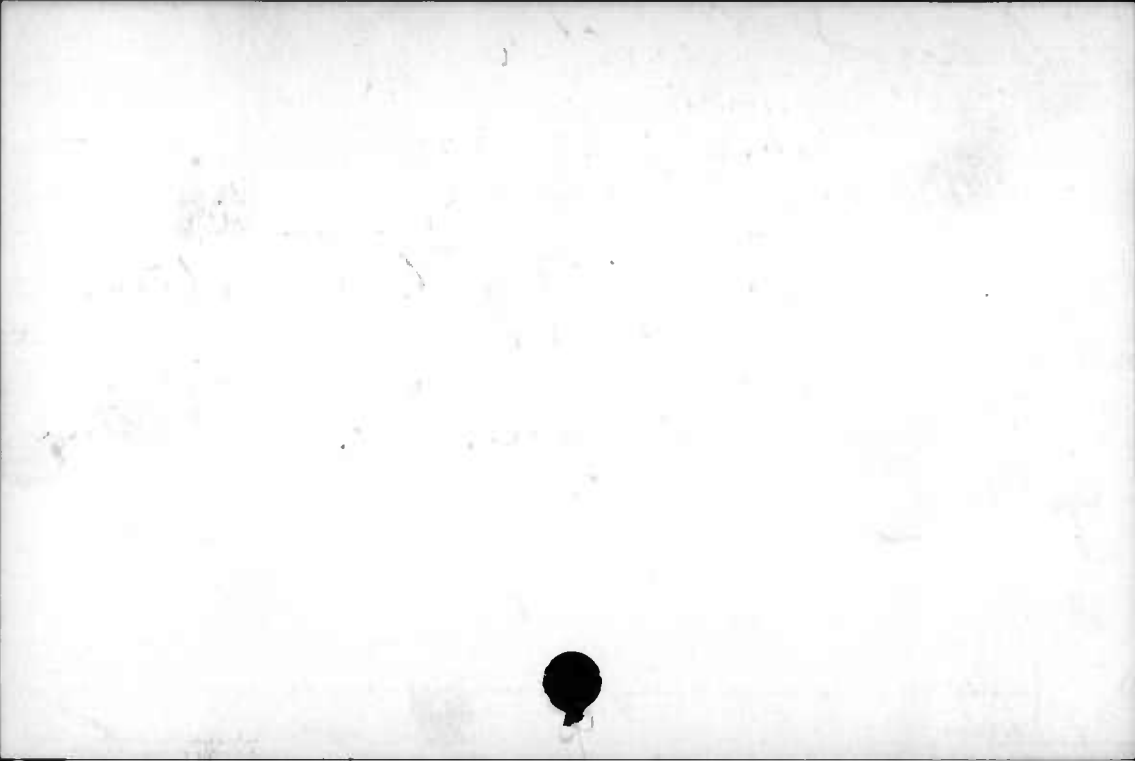
MARYLAND

Died at <i>Annapolis</i>		Town <i>a</i>		County <i>a</i>	
Date of death	<i>1907 Feb</i>	Month <i>7</i>	Day <i>3</i>	Age <i>25</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank. Cantter</i>				
Father's Name <i>Richard Jones</i>	Father's Birthplace <i>Aa Co., Md</i>				
Mother's Maiden Name <i>Mary E. Holland</i>	Mother's Birthplace <i>Aa Co., Md</i>				
Name of person giving information <i>Mary E Jones</i>	How related to deceased <i>Mother</i>				

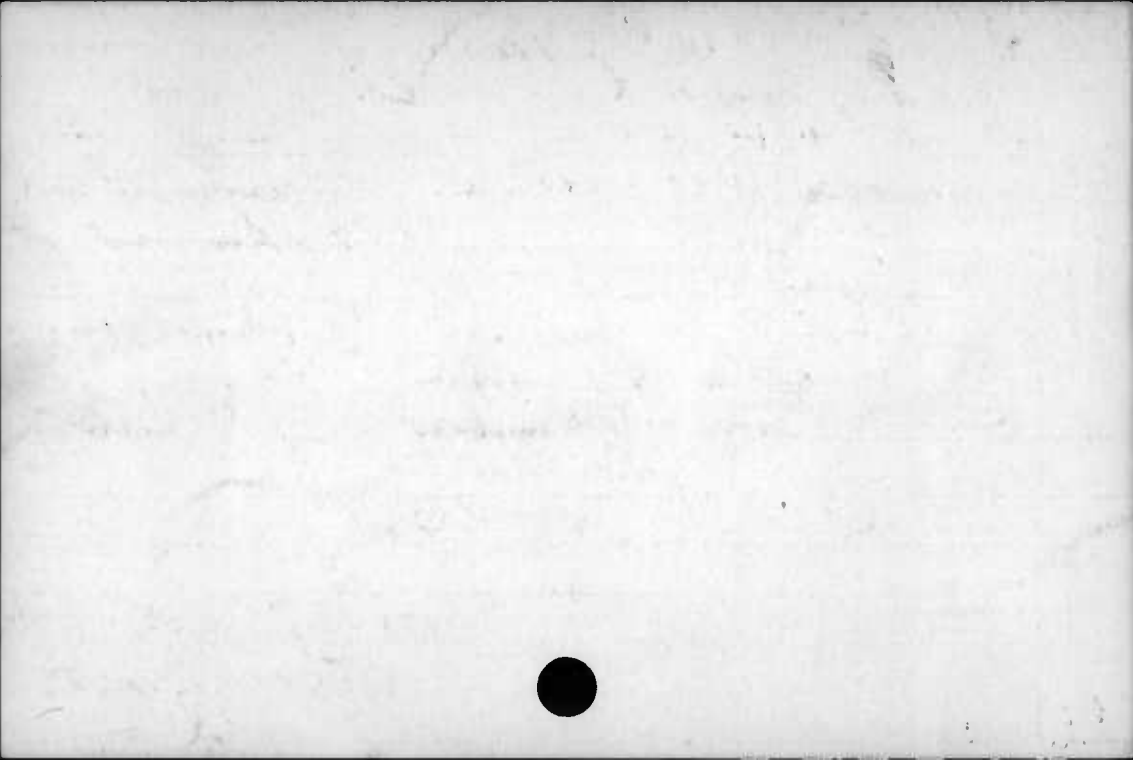
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>1 month</i>
Immediate <i>Cardiac Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. F. Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>No</i>	



Name in Full		Still born Chambers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} annapolis md ^{County} a.a. Co.		MARYLAND			
		Date of death 1907 ^{Month} Feb ^{Day} 13 ^{Age} — ^{Years} — ^{Months} — ^{Days} —					
		Sex male		Color or Race colored		Birth-place annapolis md	
		Occupation —		Where Residing if not at place of death 179 Chestnut st			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name Isaac Brown		Father's Birthplace annapolis md			
		Mother's Maiden Name Henrietta Chambers		Mother's Birthplace annapolis md			
		Name of person giving information Jammie Chambers		How related to deceased Grandmother			
PHYSICIAN OR CORONER		CAUSES OF DEATH					
		Primary Stillborn				How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Picot		Address Annapolis Md	
		yes					
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

Sarah J. Chambers

Town

County

MARYLAND

Died at Annapolis Md A. A. Co

Date of death 1907 Feb 8th Age 3^{Months} 28^{Days}

Sex female Color or Race Colored Birth-place Annapolis Md

Occupation — Where Residing if not at place of death 179 Chestnut st

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Sadac Chambers Father's Birthplace A. A. Co

Mother's Maiden Name Virginia Kent Mother's Birthplace " "

Name of person giving information Virginia Chambers How related to deceased Mother

CAUSES OF DEATH

Primary Infantile convulsions How long A few hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

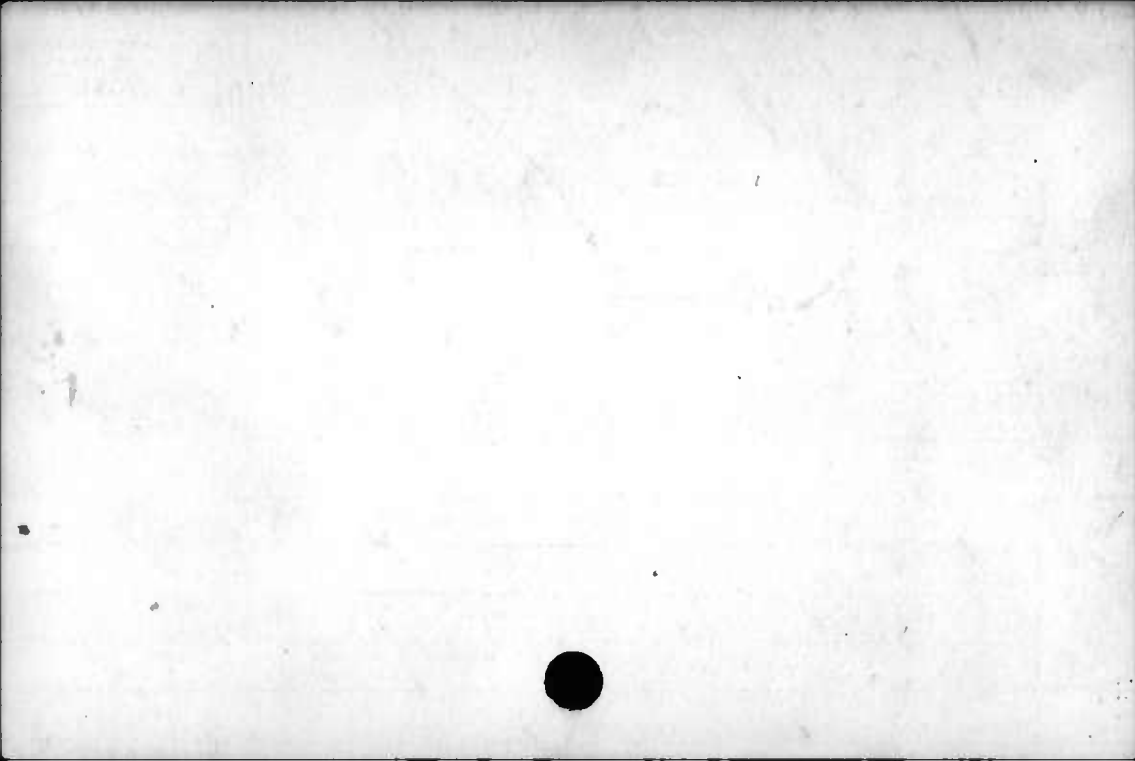
Address

John Ridout M.D.
Annapolis Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Jemima R. Chaney*Died at *Eastport* TownCounty *Albany*

MARYLAND

Date of death *1907* Month *Feb.*Day *20*Age *66* Years

Months

Days

Sex *Female*

Color or Race

White

Birth-place

A. A. Co. Md

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Widowed

Name of Wife or Husband

Nelson Chaney

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Daniel Chaney

How related to deceased

Son

CAUSES OF DEATH

Primary

Myocarditis

How long

78 *Years*

Immediate

Cardiac Asthenia

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Louis B. Heusel Jr

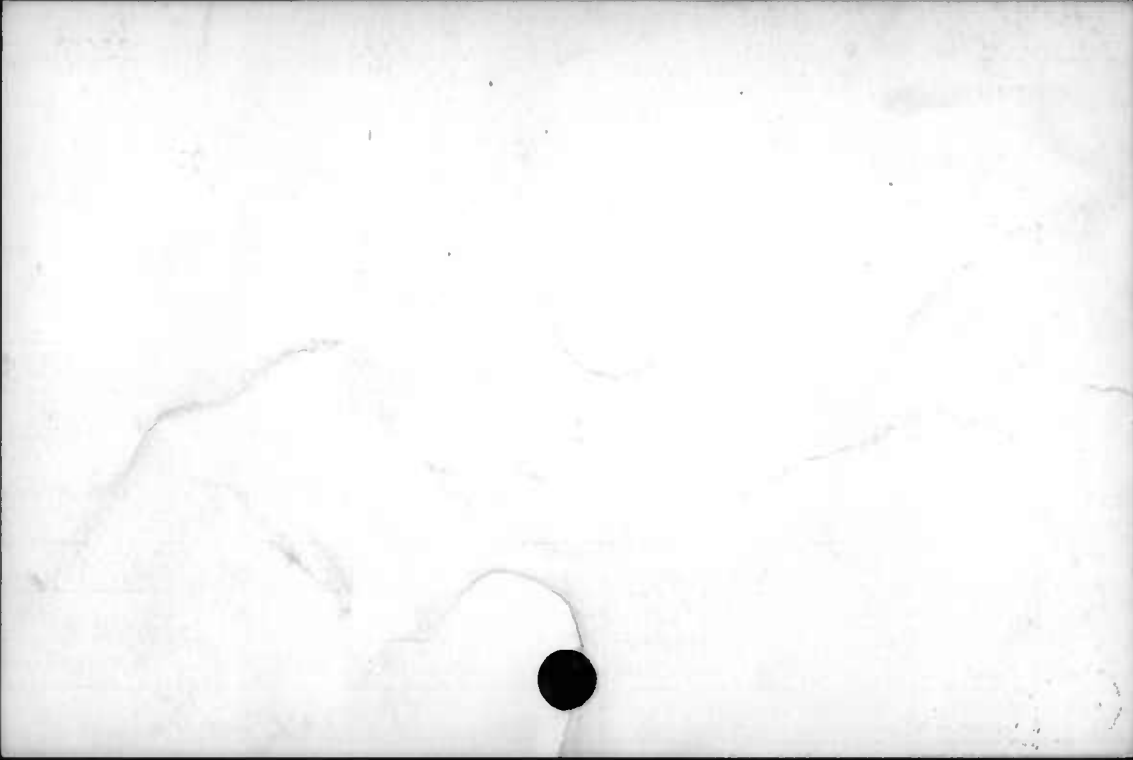
Address

Annapolis, Md

Accident or Suicide?

*neither*PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

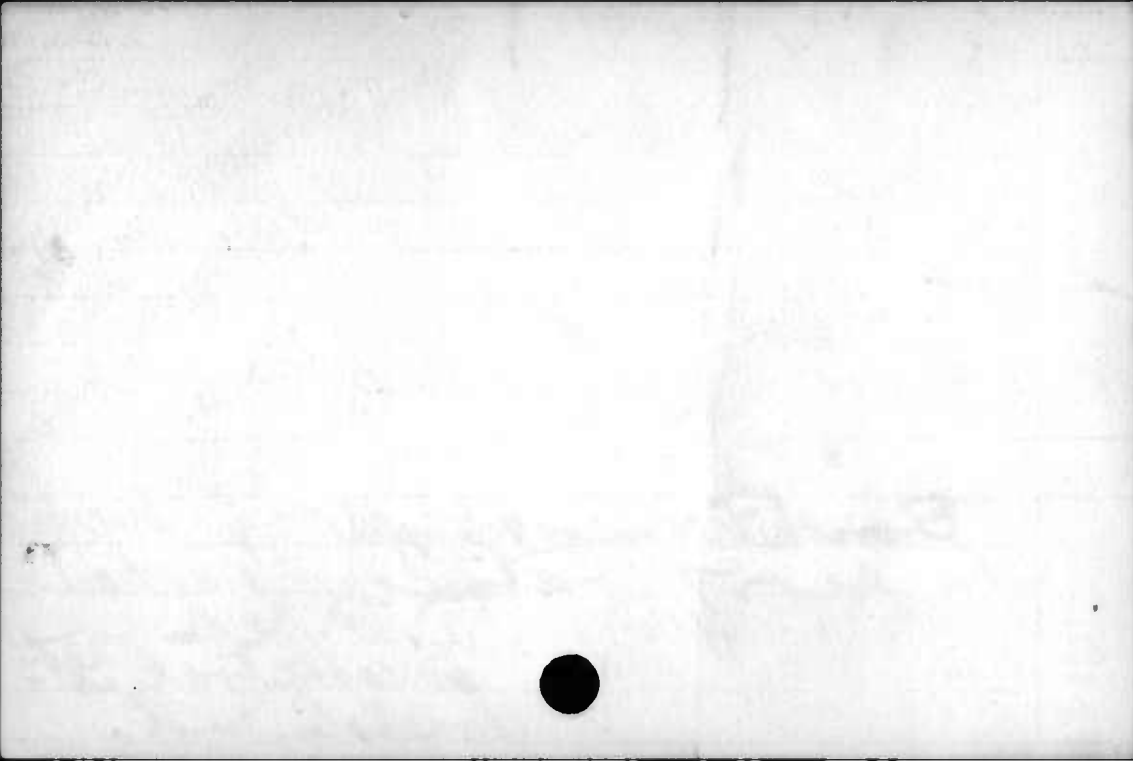
Name in Full <i>Uglean Day</i>		Town <i>Annapolis</i>		County <i>A.A. Co</i>		MAYLAND	
Died at <i>Annapolis</i>		Date of death 1907		Month <i>Feb</i>		Day <i>28</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>1</i>		Years <i>14</i>	
Occupation _____		Birth-place <i>Annapolis</i>		Where Residing if not at place of death <i>183 Chestnut St</i>		Months _____	
Married, Single or Widowed _____		Name of Wife or Husband _____		Father's Name <i>Sam Day</i>		Father's Birthplace <i>A.A. Co</i>	
Mother's Maiden Name <i>Lara Griffer</i>		Name of person giving information <i>Lara Griffer</i>		Mother's Birthplace <i>Annapolis</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary <i>Pseudo-Leukemia</i>		How long <i>3 Months</i>	
Immediate <i>Exhaustion</i>		How long <i>24 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. P. Reece</i>	
		Address <i>60 Cathedral St Annapolis, Md.</i>	
Accident or Suicide? _____			



Name

in
Full

CERTIFICATE OF DEATH

Laura Dorsey

Town

County

MARYLAND

Died at

Annapolis Arundel

Date

Month

Day

Years

Months

Days

of death 190

7 Feby 11 age 43

Sex

Female

Color or
Race

Colored

Birth-
place

A.A.Co.

Occupation

Domestic

Where Residing if not
at place of death

150 South St.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Abraham Dorsey

Father's
Name

William Hilery

Father's
Birthplace

A.A.Co.

Mother's
Maiden Name

Margaret

Mother's
Birthplace

A.A.Co.

Name of person giving
Information

Alice Hasel

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Bronchitis, Glottis Hypertrophy

How long

6 weeks

Immediate

asphyxiation

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

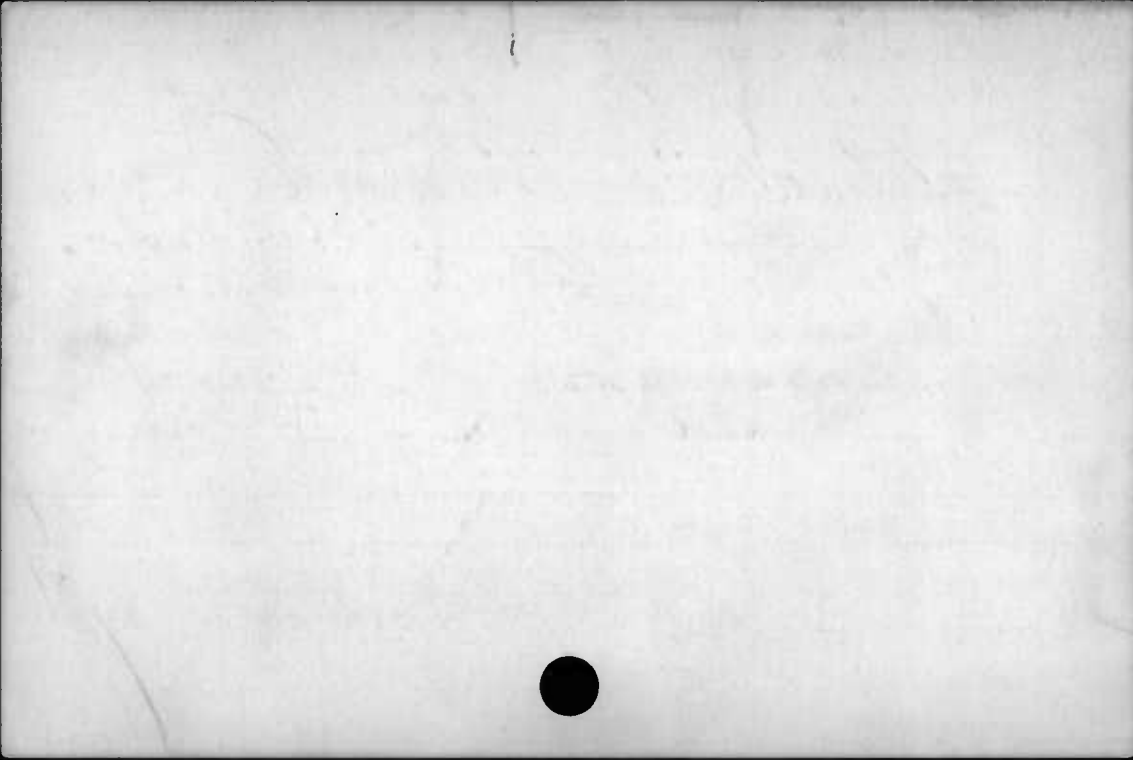
R. O. Keener

60 Cathedral St.

Annapolis, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J. Fagan
So. Balto.

a. a.

MARYLAND

Date of death 1907 Feb

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Ireland

Occupation

Laborer

Where Residing if not
at place of death

Married,

Name of Wife or

Christiana Fagan

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Christiana Fagan

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

One year

Immediate

Exhaustion & Heart Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. B. E. Forten M.D.

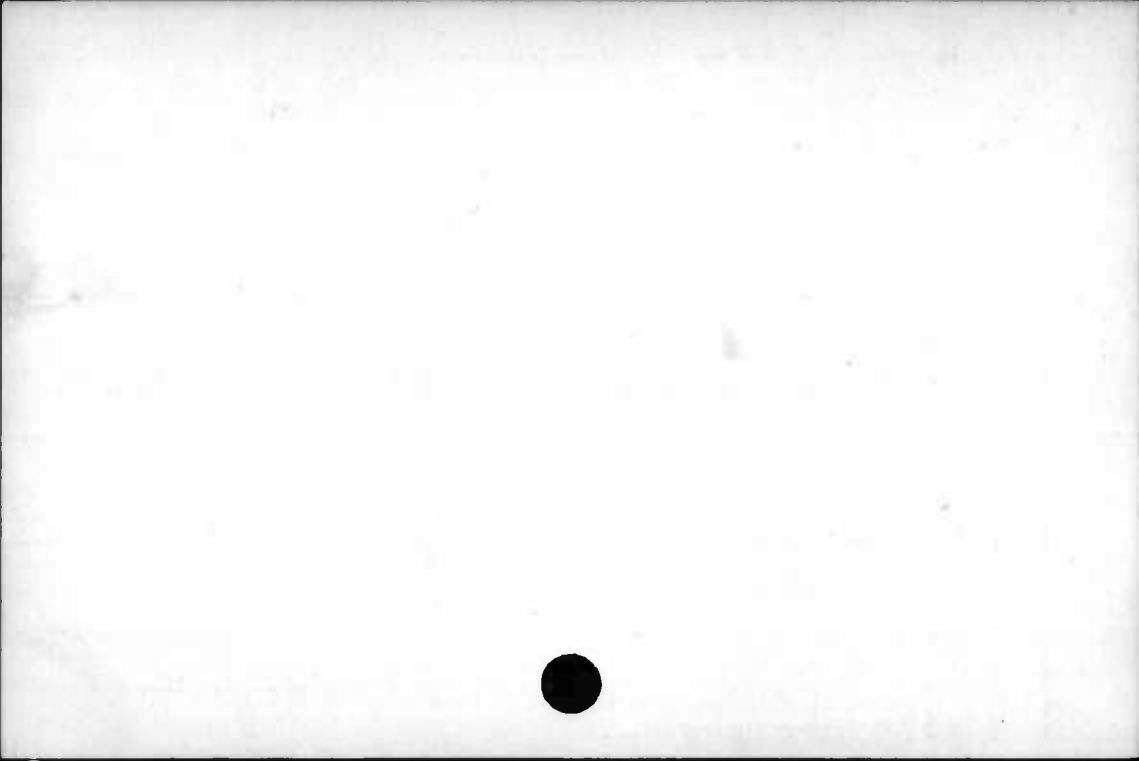
Address

So. Balto, Md

Accident or

PHYSICIAN
OR CORONER

1



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chas Froot</i>		Town <i>Churchton</i>		County <i>A A</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>20</i>	Age <i>66</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Harriett Lister</i>						
Father's Name <i>Robert Froot</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Rebecca Taylor</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Chas Froot</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>Not known</i>
Immediate <i>Congestion of lungs</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. T. Smith</i>
	Address <i>Churchton</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Still Born, females, Thayer

CERTIFICATE OF DEATH

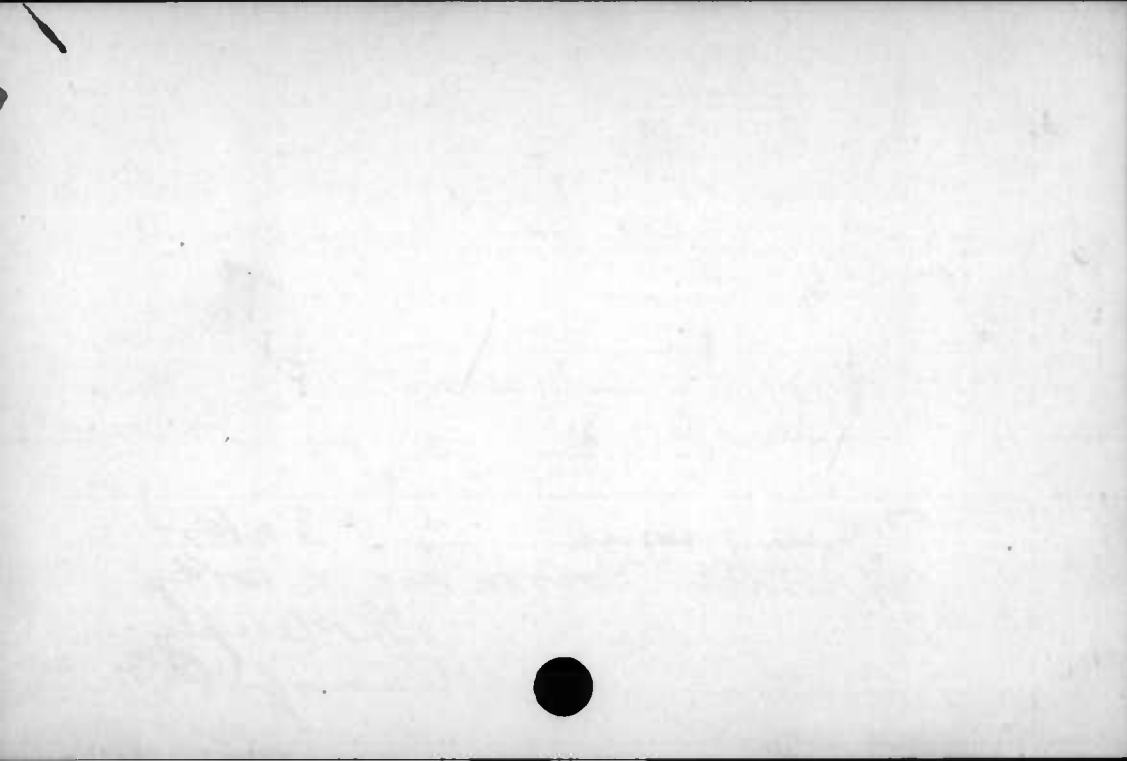
TO BE ANSWERED BY
NEAREST FRIEND

Still born ^{Town} Annapolis		^{County} a a .		MARYLAND	
Date of death	1907	Month	Feb	Day	9th
Age		Years		Months	Days
0		0		0	0
Sex	female		Color or Race	white	
Occupation	_____		Birth-place	Annapolis	
Where Residing if not at place of death			_____		
Married, Single or Widowed			_____		
Name of Wife or Husband			_____		
Father's Name			Saml. R. Thayer		
Father's Birthplace			Annapolis		
Mother's Maiden Name			Maggie R. Wiggins		
Mother's Birthplace			Annapolis		
Name of person giving information			Saml. R. Thayer		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born		How long	_____
Immediate	Still Born		How long	_____
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			W. Cement Claude, M.D.	
			Address	
			208. John St.	
			Annapolis, Md	
Accident or Suicide?		_____		



Name
in
Full

Harry William Jerome Gebhardt

CERTIFICATE OF DEATH

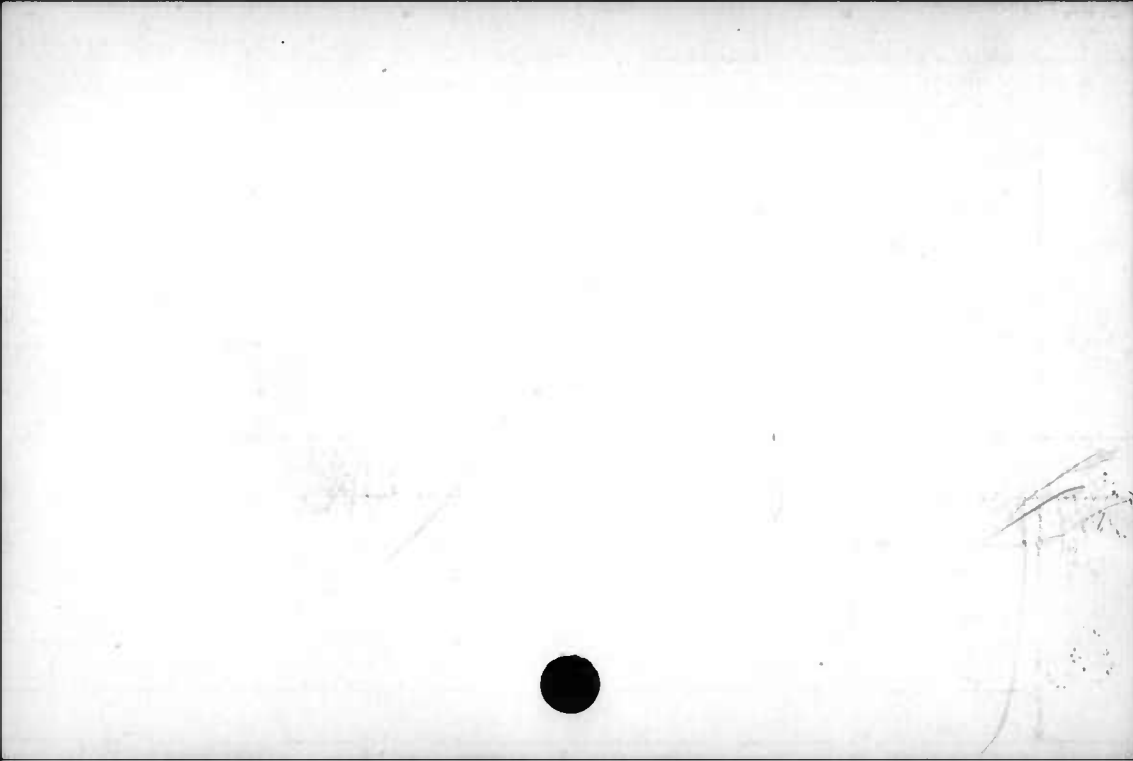
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County aaco		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Feb	10	4		3	
Sex		Color or Race		Birth-place			
Male		White		Annapolis			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Ger Gebhardt				Balto Md			
Mother's Maiden Name				Mother's Birthplace			
Anna Gebhardt				So.			
Name of person giving information				How related to deceased			
Ger Gebhardt				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	3 wks
Immediate	Uremic Poisoning	How long	2 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. J. Murphy	
		Address	
		Annapolis, Md	
Accident or Suicide?			



Name
in
Full

Edmer Mary Hesse

CERTIFICATE OF DEATH

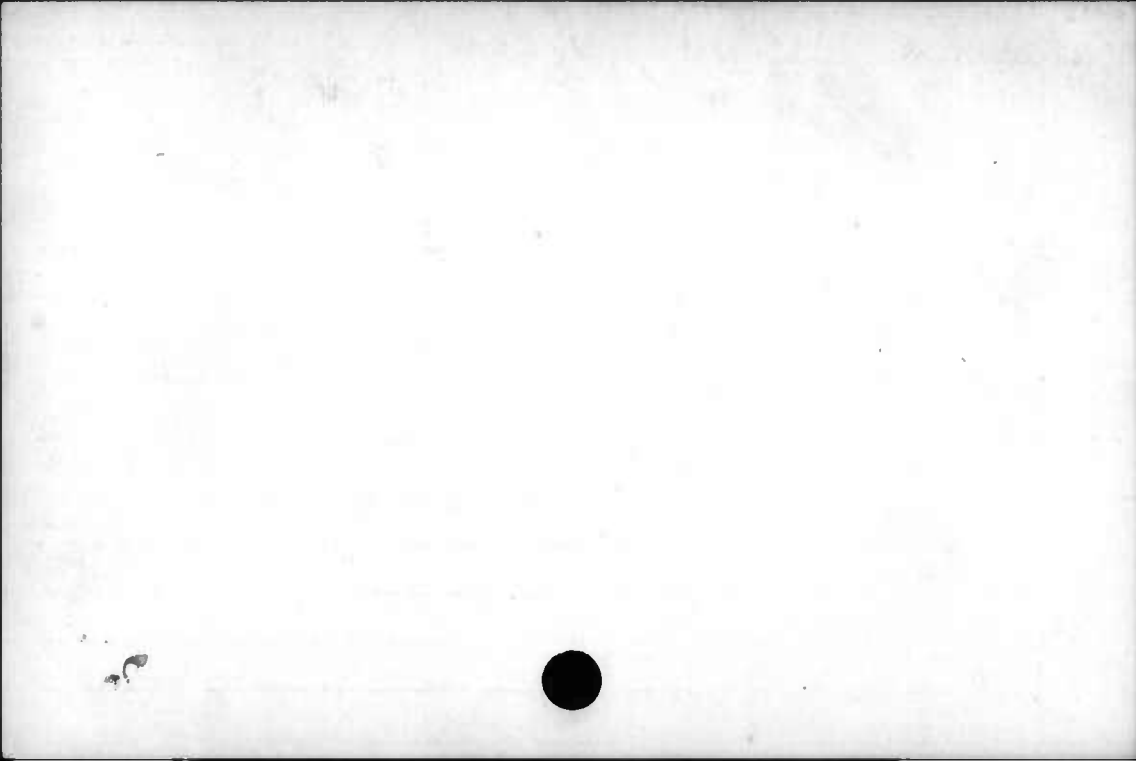
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>West Annapolis</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>August Hesse</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>May Louis</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>August Hesse</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>Broncho-Pneumonia</i>		How long	<i>10 days</i>
Immediate	<i>Asphyxia</i>		How long	<i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Louis B. Hunkeler</i>	
Accident or Suicide?		<i>Neither</i>	Address <i>Annapolis, Md.</i>	

PHYSICIAN
OR
CORONER



Name
in
Full

CERTIFICATE OF DEATH

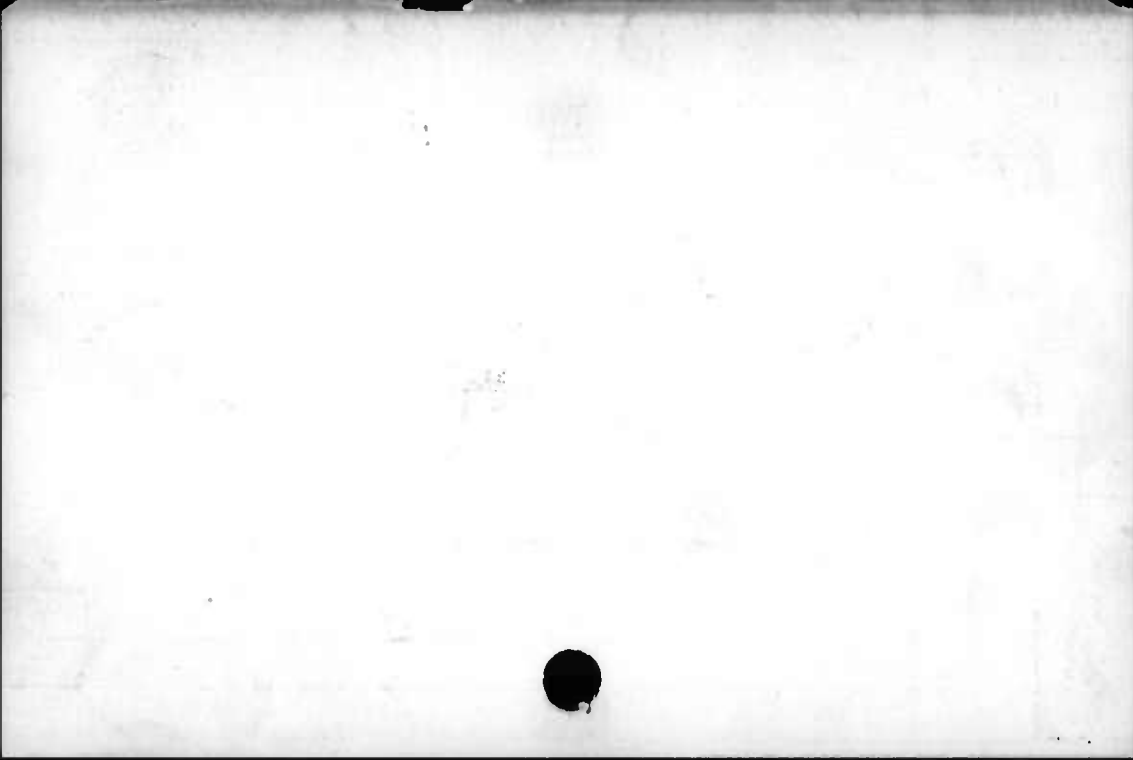
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West. Annapolis</i>		Town <i>Annapolis</i>		County <i>A. A.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>15</i>	Age <i>18</i>	Years <i>8</i>	Months <i>8</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Henry Hohman</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Agatha Seeman</i>			Mother's Birthplace <i>Balto Md</i>				
Name of person giving information <i>Walter S. Peterson</i>			How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental Drowning</i>	How long
Immediate	<i>Accidental Drowning</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Tom A. H. Lee</i>
		Address <i>Annapolis Md</i>
Accident or Suicide?		<i>Acting Coroner</i>



Name
in
Full

Parthena Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Solley's</i>		Town <i>Ames Arundel</i>		County		MAYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>1</i>	Age <i>67</i>	Years	Months <i>1</i>	Days	
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>a a co md</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>Benjamin Howard</i>					
Father's Name <i>Nathaniel Owens</i>		Father's Birthplace <i>a a co md</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>-</i>					
Name of person giving information <i>Charles B Howard</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary *Paralysis*

Immediate *Heart failure*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

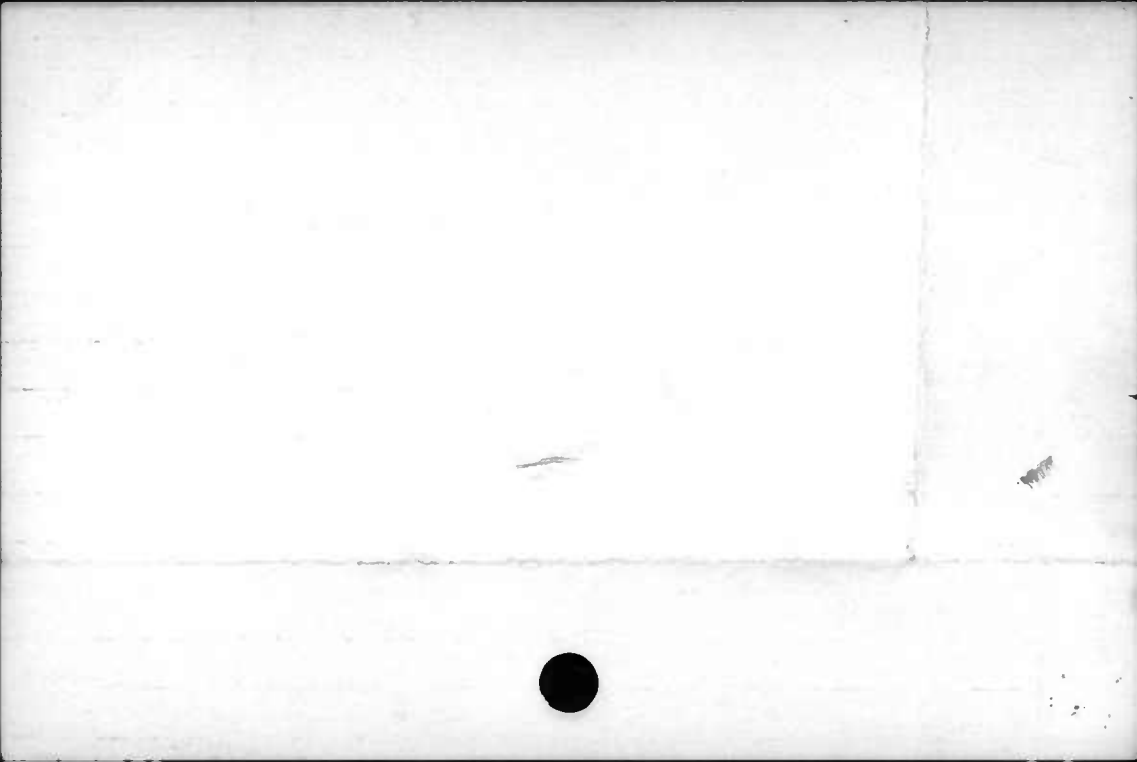
Address

*None reported by**Chas B Howard*

Accident or Suicide?

*Marley. a a co md*PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

Died at

Baltimore

County

MARYLAND

Date

of death

1907 Feb

Day

6

Age

Years

37

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

A. A. Co

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

None

Father's
Name

Jus Hunt

Father's
Birthplace

Unknown

Mother's
Maiden Name

Margaret Hunt

Mother's
Birthplace

A. A. Co

Name of person giving
Information

Henry Wilson

How related
to deceased

Bro in Law

CAUSES OF DEATH

Primary

Bright Disease
of heart

How long

3 yrs.

How long

Immediate

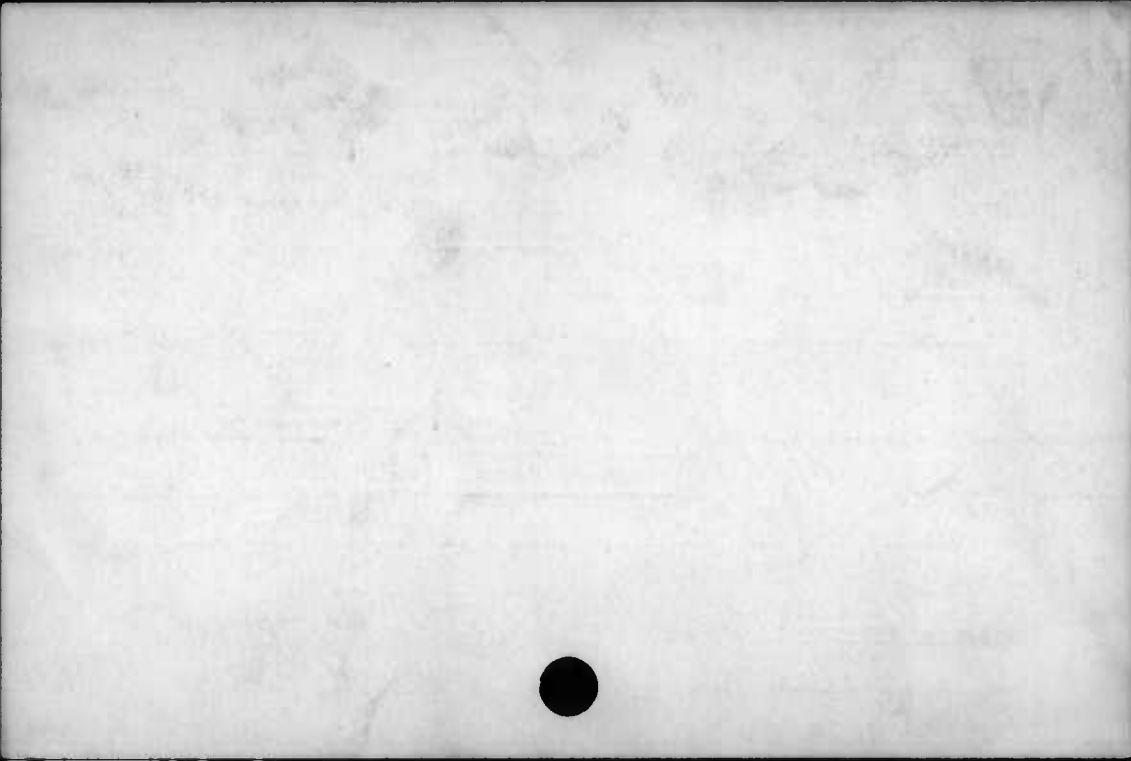
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. Murphy
J. Murphy, M.D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

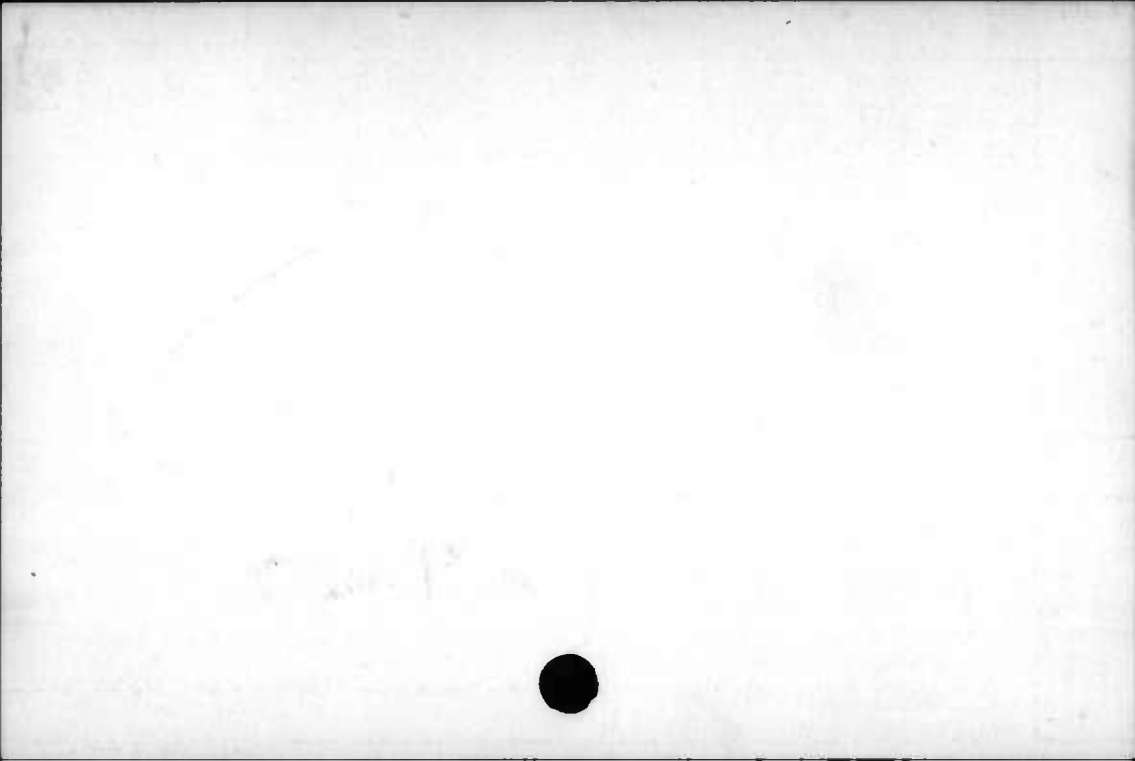
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairfield</i> ^{town} <i>va</i> ^{County}		MARYLAND			
Date of death <i>1907</i>	<i>Feb</i> ^{Month}	<i>8</i> ^{Day}	<i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>2</i> ^{Days}
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>Fairfield, Md</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wesley Jennings</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Amadea Coleman</i>		Mother's Birthplace <i>va</i>			
Name of person giving information <i>Wesley Jennings</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>one hour</i>
Immediate	<i>yes</i>	How long	<i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos B. Horton M.D.</i>	
		Address <i>So. Balto. Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Shedrick Jones.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis		County a. a. Co.		MARYLAND	
Date of death	1907	Month Feb.	Day 10	Age 30	Months — Days —
Sex Male	Color or Race Colored		Birth-place Davidsonville ^{Ind.}		
Occupation Labor		Where Residing if not at place of death 83 Washington St			
Married, Single or Widowed	Widowed	Name of Wife or Husband Jane Jones.			
Father's Name	Lorenzo Jones.			Father's Birthplace	Davidsonville
Mother's Maiden Name	Mary Murdock.			Mother's Birthplace	— — ^{Ind.}
Name of person giving information	Lorenzo Feather Jones			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	27 Months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout, M.D.	
		Address	
		Annapolis	
Accident or Suicide?			

Dennis & Brown

Name

in
Full

Mary Willet-Childs Lawrence

CERTIFICATE OF DEATH

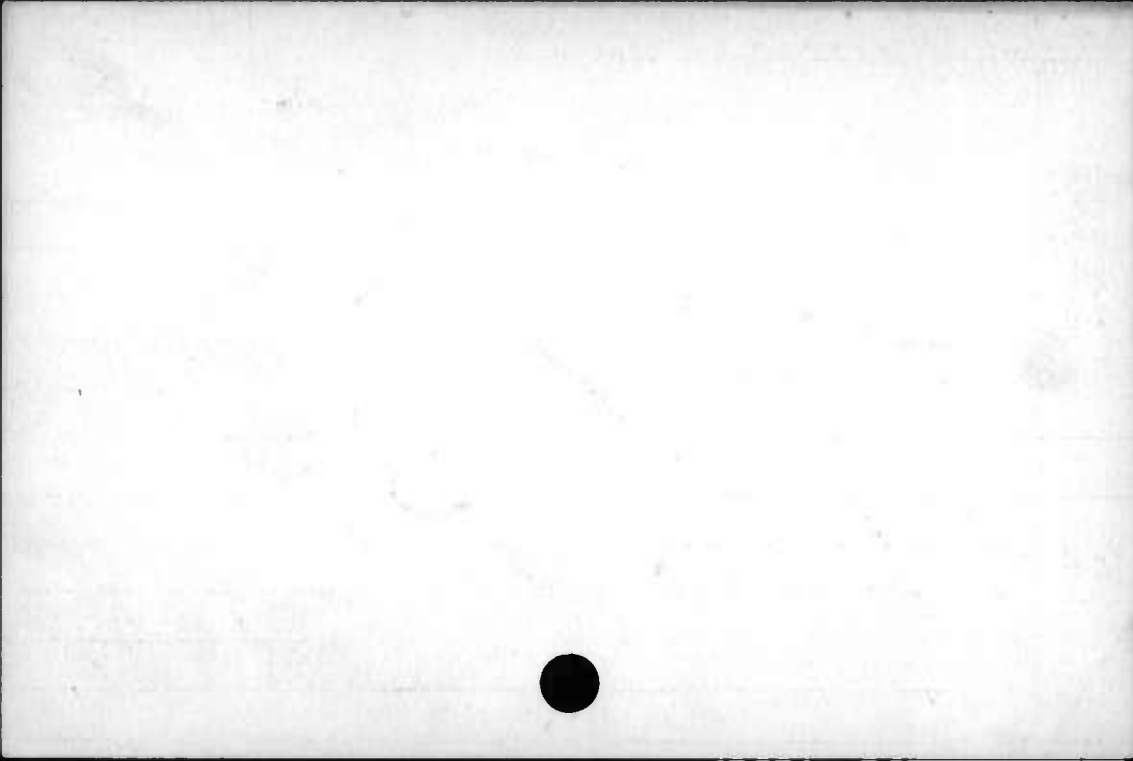
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harry M. B. Hopkins</i>		Town <i>Crownsville</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1907	Month	Feb	Day	16	Age	81. Nov 7. 1906
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Montgomery Co. Md.</i>			
Occupation				Where Residing if not at place of death <i>H. M. B. Hopkins Childs</i>			
Married, Single or Widowed <i>Widow of</i>		Name of Wife or Husband <i>Doctor Upton Lawrence</i>					
Father's Name <i>Capt. Enos Childs</i>				Father's Birthplace <i>Montgomery Co. Md.</i>			
Mother's Maiden Name <i>Eleanor T. Goss</i>				Mother's Birthplace <i>Newark N. J.</i>			
Name of person giving information <i>Eleanor T. L. Hopkins</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>27</i>
Immediate	<i>Syphilis - Heart failure</i>	How long	<i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>H. B. Gault</i>	
		Address <i>Mullerover</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Matthews

CERTIFICATE OF DEATH

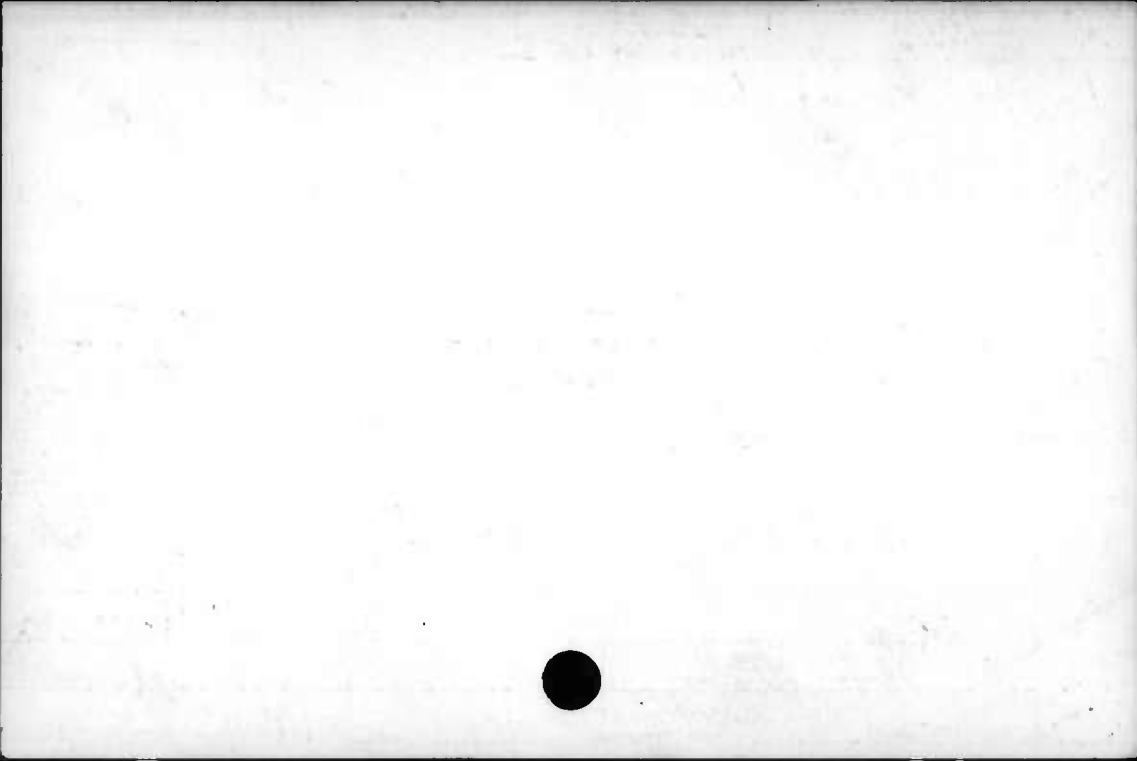
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town} <u>At</u> ^{County}		STATE OF <u>MARYLAND</u>	
Date of death <u>1907</u> ^{Year} <u>Feb</u> ^{Month} <u>12</u> ^{Day} <u>12</u> ^{Age}	Years <u>12</u> Months <u>12</u> Days <u>12</u>		
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>—</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Arthur Matthews</u>	Father's Birthplace <u>At Co.</u>		
Mother's Maiden Name <u>Eva Parker</u>	Mother's Birthplace <u>At Co.</u>		
Name of person giving information <u>Arthur Matthews</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still-born</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Ridout, M.D.</u>
	Address <u>Annapolis Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Michael Joseph Naughton

CERTIFICATE OF DEATH

Died at

Annapolis

County

Anne Arundel

MARYLAND

Date

of death

1907

Month

Feb.

Day

Wednesd

Age

77

Years

Months

11 mo.

Days

3

Sex

Male

Color or
Race

White

Birth-
place

Ireland

Occupation

Asst. Foreman at U. S. Academy

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary A. Naughton

Father's
Name

Richard Naughton

Father's
Birthplace

Ireland

Mother's
Maiden Name

Margaret O'Brien

Mother's
Birthplace

Ireland

Name of person giving
In formation

Mary A. Naughton

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Valvular Disease
of Heart

How long

24 hrs.

Immediate

General break-up, & infection

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

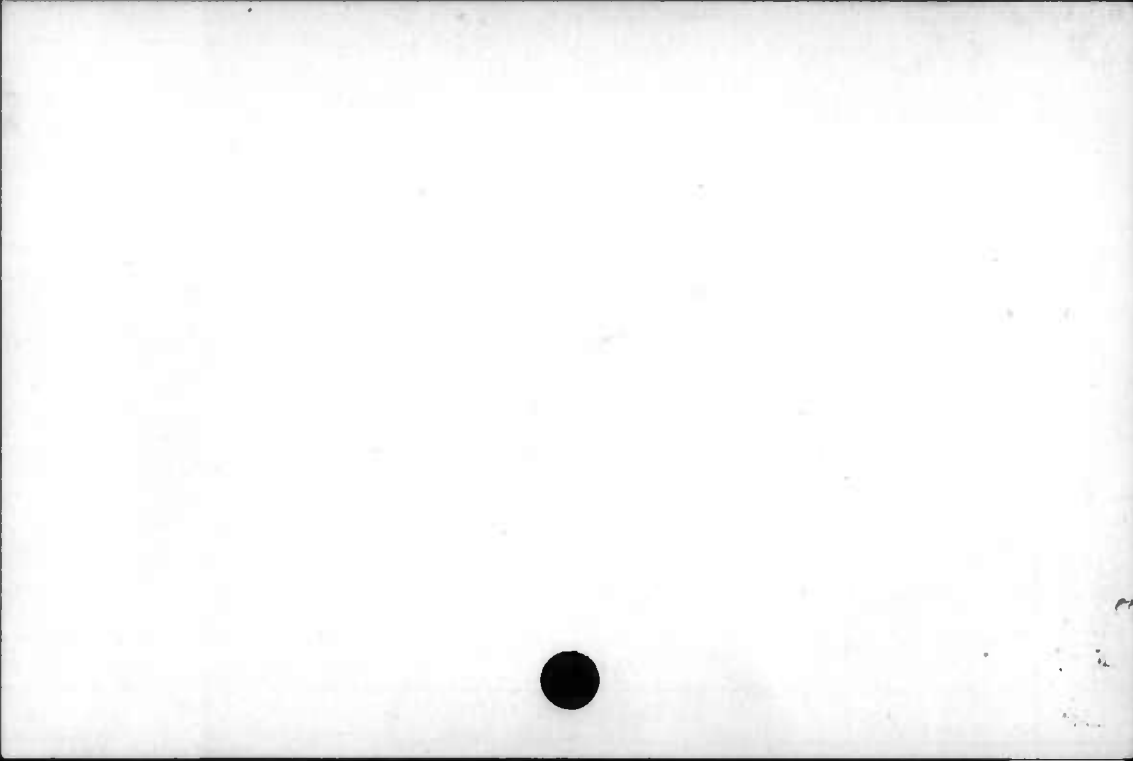
Wm. H. P. P. P.

Address

Annapolis, Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

None

Parker

CERTIFICATE OF DEATH

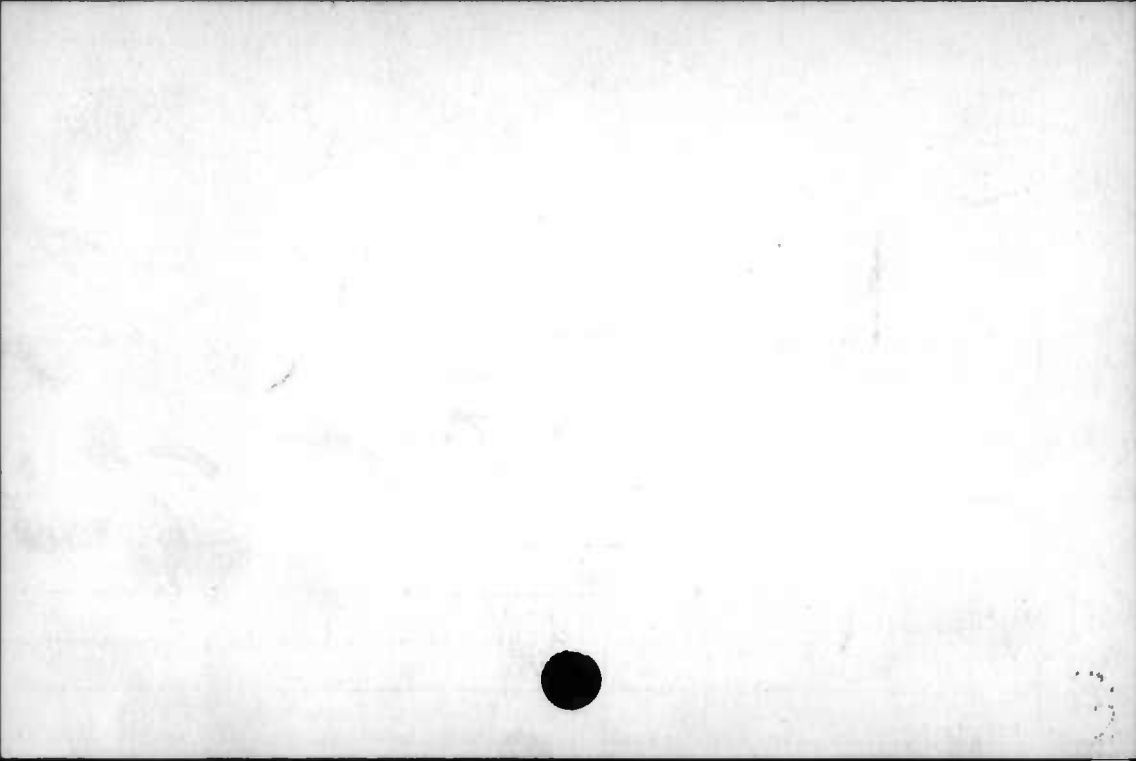
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb</i>	Day	<i>21st</i>
Age	<i>—</i>	Years	<i>—</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>Col</i>	Birth-place	<i>Annapolis</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Andrew Parker</i>			Father's Birthplace <i>Anne Arundel Co. Md</i>		
Mother's Maiden Name <i>Carry Parker</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Andrew Parker</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	<i>congenital Louis</i>	How long	<i>Since Birth</i>
Immediate	<i>exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John Ridout, M.D.</i>	
		Address	
		<i>Annapolis</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Nancy White Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

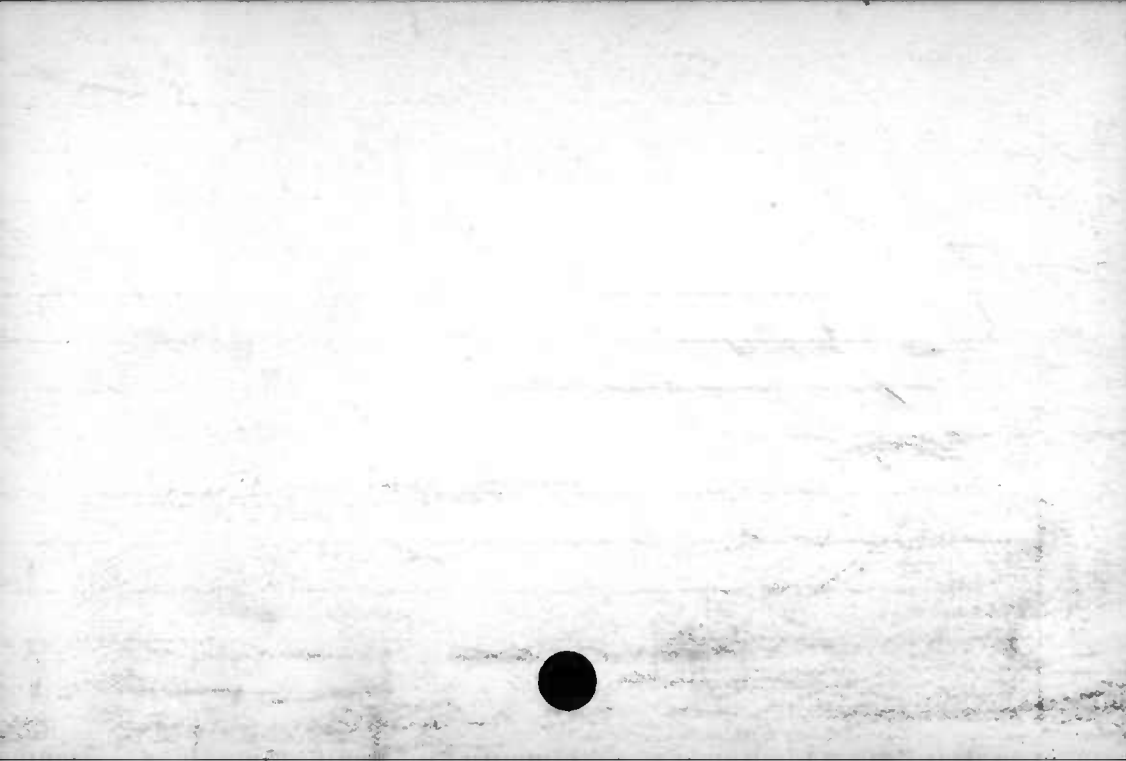
Died at		Town		County		STATE	
Date of death		Month	Day	Age	Years	Months	Days
1907		Feb	12	82			
Sex	Female		Color or Race	white		Birth-place	Essex Co. Del.
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	widowed		Name of Wife or Husband				
Father's Name	Steven Gordie					Father's Birthplace	Delaware
Mother's Maiden Name	Jane Biggins					Mother's Birthplace	Delaware
Name of person giving information	Grace Parks					How related to deceased	Grand daughter

CAUSES OF DEATH

Primary	Bronchitis	How long	12 days
Immediate	Bronchitis	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. J. Dent.
		Address	Churchton, Ind.
Accident or Suicide?			

PHYSICIAN
OR CORONER

1



Name
in
Full

Charles A. Pindell

CERTIFICATE OF DEATH

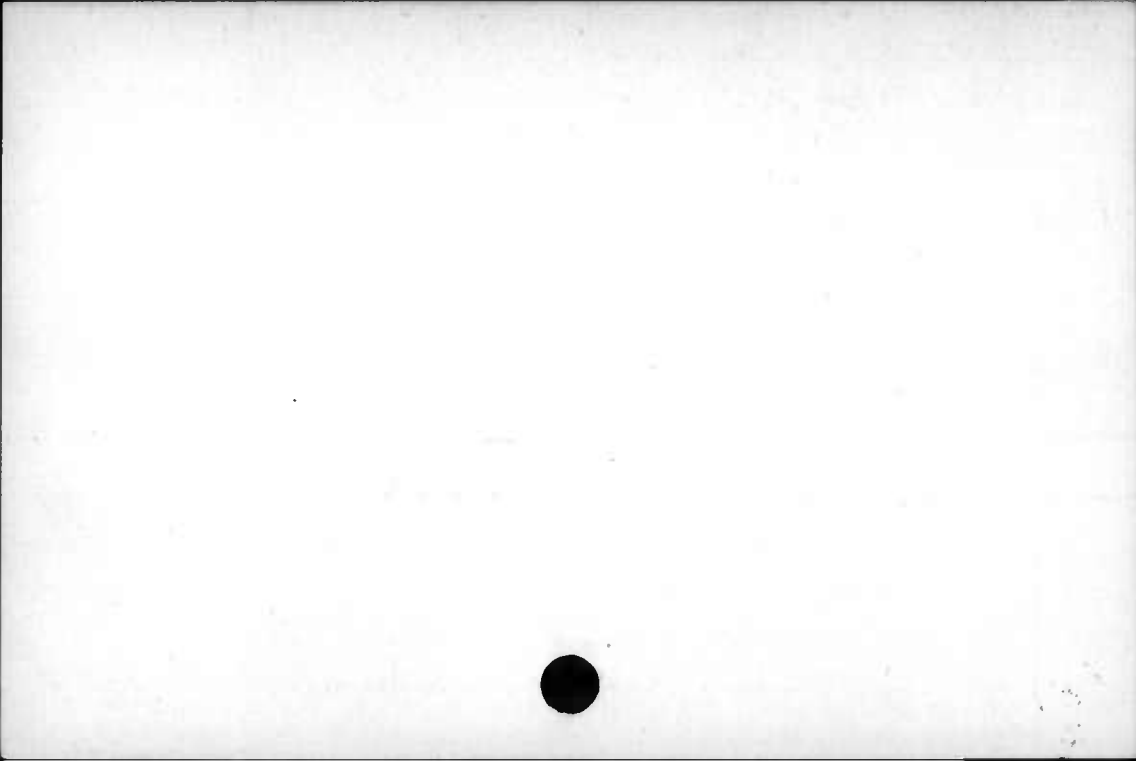
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND					
Date of death		1907	Month Feb'y	Day 10 th	Age 66	Years	Months —	Days 28			
Sex		male		Color or Race		White		Birth- place	Zenia, Ohio		
Occupation				Clerk					Where Residing if not at place of death		—
Married, Single or Widowed		Single		Name of Wife or Husband						—	
Father's Name		Adolphus Pindell						Father's Birthplace		A. A. C. Md	
Mother's Maiden Name		Rebecca Githens						Mother's Birthplace		New Jersey	
Name of person giving In formation		Harry L. Levely						How related to deceased		Brother in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Cystitis	How long	2 months
Immediate	Uræmic Coma	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm Welch	
Address		Annapolis	
Accident or Suicide? —			



Name
in
Full

Sarah Reiburg

CERTIFICATE OF DEATH

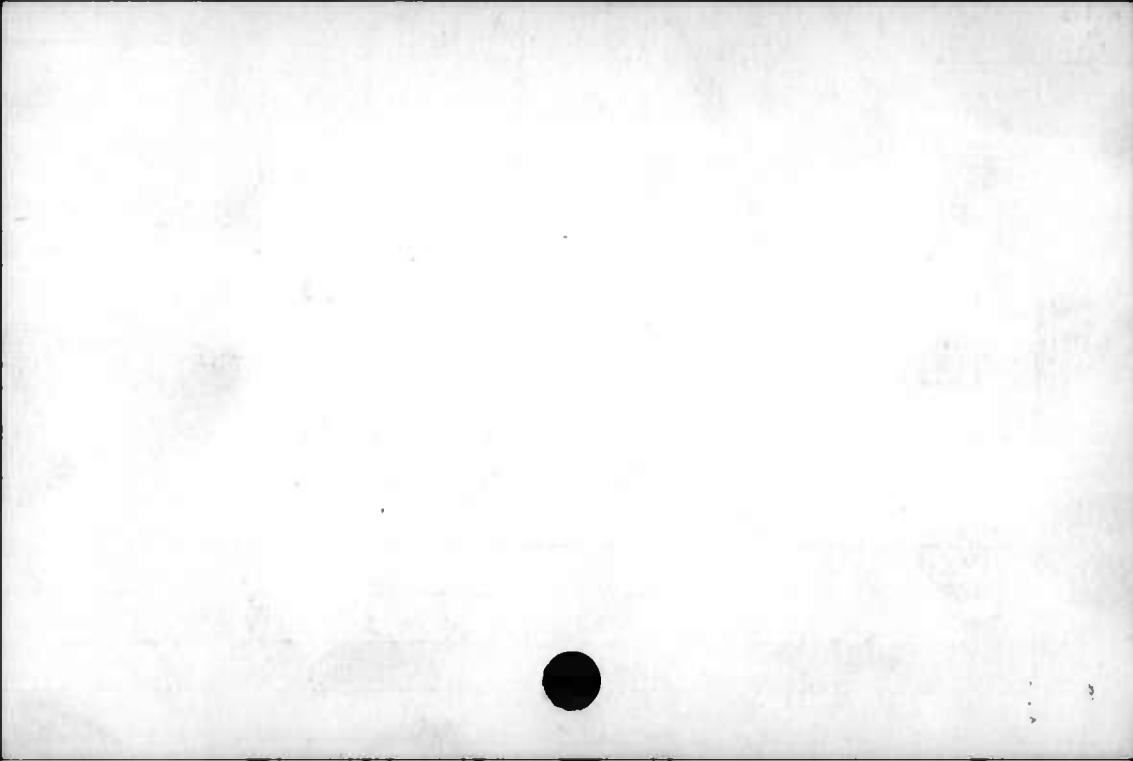
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town} <i>in</i> <i>La. a.</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Year} <i>Feb.</i> ^{Month} <i>7</i> ^{Day} <i>72</i> ^{Age} <i>72</i> ^{Years}	Months		Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birthplace <i>Hagerstown</i>	
Occupation		Where Residing if not at place of death <i>Annapolis Md.</i>	
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Francis Reiburg</i>		
Father's Name <i>-</i>	Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>	Mother's Birthplace <i>-</i>		
Name of person giving information <i>Thypharma</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary <i>Old age</i>	How long <i>2 weeks</i>
Immediate <i>Bronchitis</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Presumably</i>	Signature of Physician <i>Wm J Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Samuel Richardson

CERTIFICATE OF DEATH

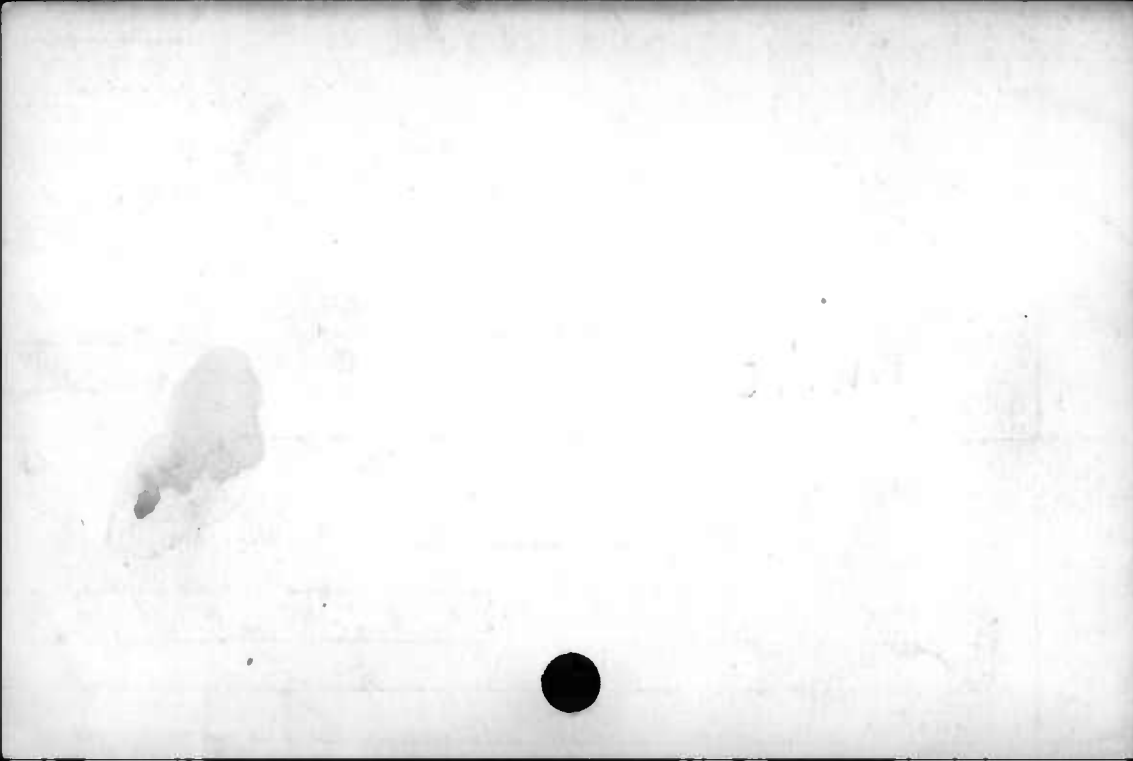
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>At</i>		MARYLAND	
Date of death <i>1907 Feb. 16th</i>		Month		Day		Years <i>22</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		Months	
Occupation <i>Grand Boy</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John, W. Richardson</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Samuel Mc Gowan</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Uncle</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>A short time</i>
Immediate <i>Heart Failure</i>	How long <i>Sudden death</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ridout M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sargh E. Robinson

Town

County

MARYLAND

Died at

Dolley

A. A.

Date

of death

1907

Feb

Day

11

Age

Years

66

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

A. A. Co. Md

Occupation

Housekeeper

Where Residing if not
at place of death

—

Widowed

Name of Wife or
Husband

—

Father's
Name

Benj Woods

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Alonzo Johnson

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

General Debility

Immediate

Heart Failure

How long

One year

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Thos. B. Horton Md
Curtis Bay, Md
So. BaltoPHYSICIAN
OR CORONER

1

Accident or Suicide?



Name
in
Full

Geo L Ross-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

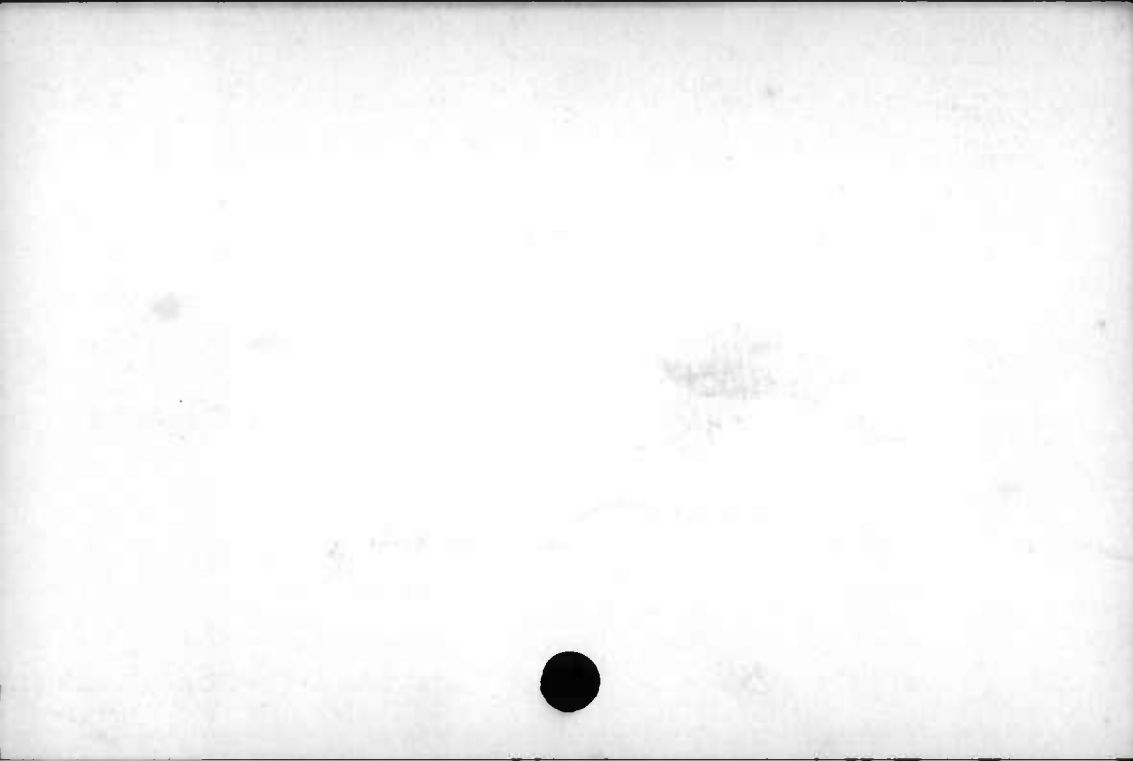
Died at <u>Annapolis</u> ^{Town}		<u>a</u> ^{County}		MARYLAND	
Date of death <u>1901</u>	Month <u>Feb</u>	Day <u>2</u>	Age <u>18</u> Years	Months <u>3</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Balto. Co.</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>10-Annapolis, Md.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Geo Ross-</u>	Father's Birthplace <u>Balto.</u>				
Mother's Maiden Name <u>Frances A. Haysburg</u>	Mother's Birthplace <u>A.A. Co.</u>				
Name of person giving information <u>father Geo Ross-</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Lobar Pneumonia (Double)</u>	How long <u>2 weeks</u>
Immediate <u>Cardiac Asthenia</u>	How long <u>12 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Louis B. Heudel, Jr.</u>
	Address <u>Annapolis, Md.</u>
Accident or Suicide? <u>Neither,</u>	

(1)



Name
in
Full

George Savage

CERTIFICATE OF DEATH

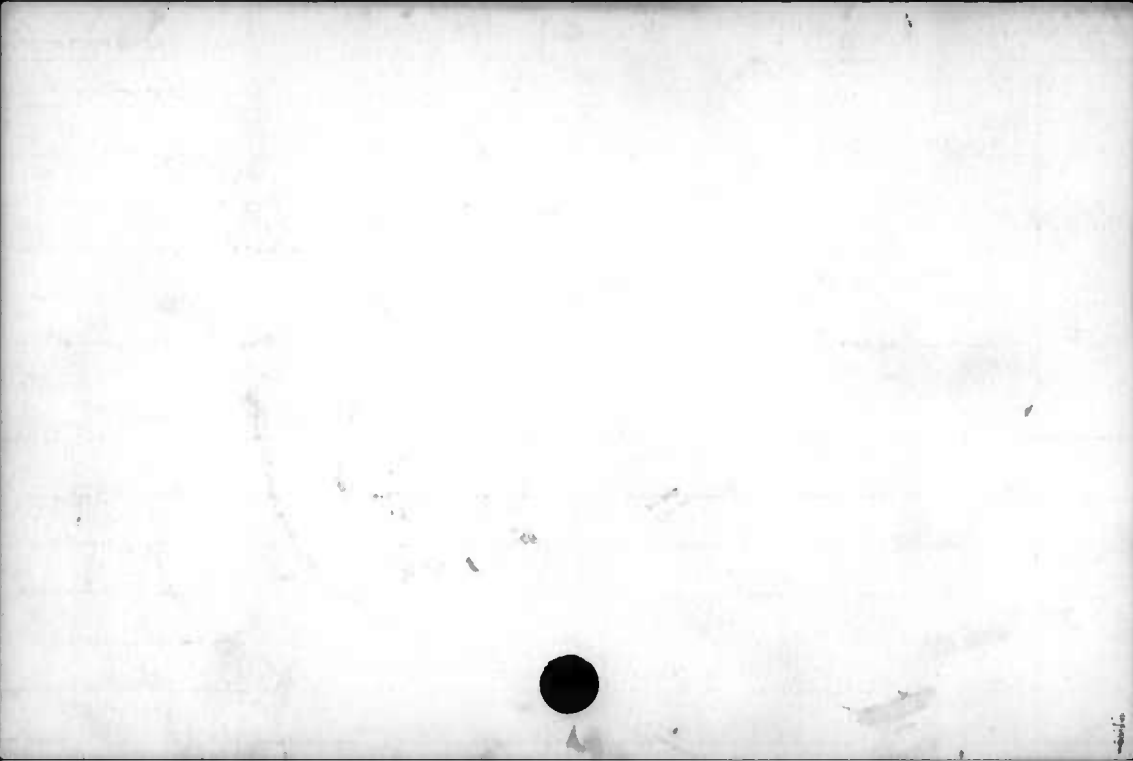
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>County</i> ^{Town} <i>Home</i> ^{County} <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1907</i>	^{Month} <i>Feb.</i>	^{Day} <i>15</i>	^{Years} <i>58</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place	
Occupation <i>Waterman</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband		
Father's Name <i>Geo Savage</i>	Father's Birthplace <i>P.a</i>		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>John Savage</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary	<i>Heart Disease</i>	How long
Immediate	<i>trophy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
Accident or Suicide?		Address <i>John Collinson M.D. South River Md.</i>

PHYSICIAN
OR CORONER
1



Name
in
Full

Rebecca Shiner

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date
of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

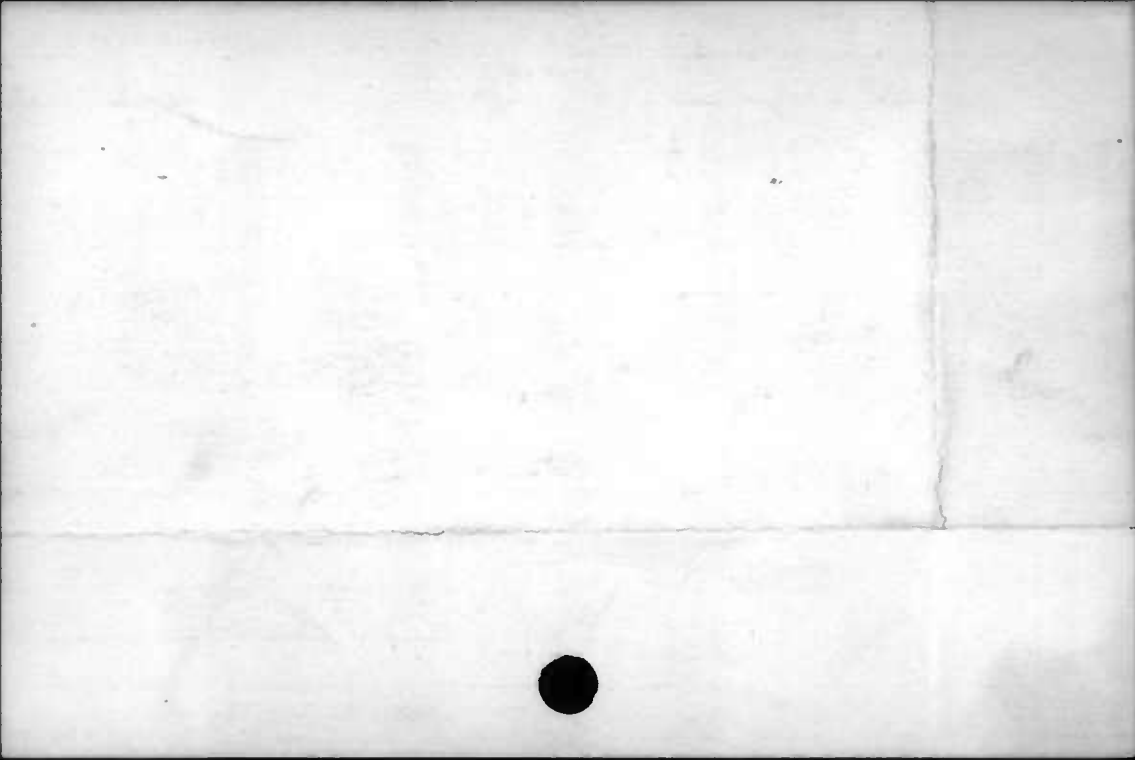
Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Isiah Steward

CERTIFICATE OF DEATH

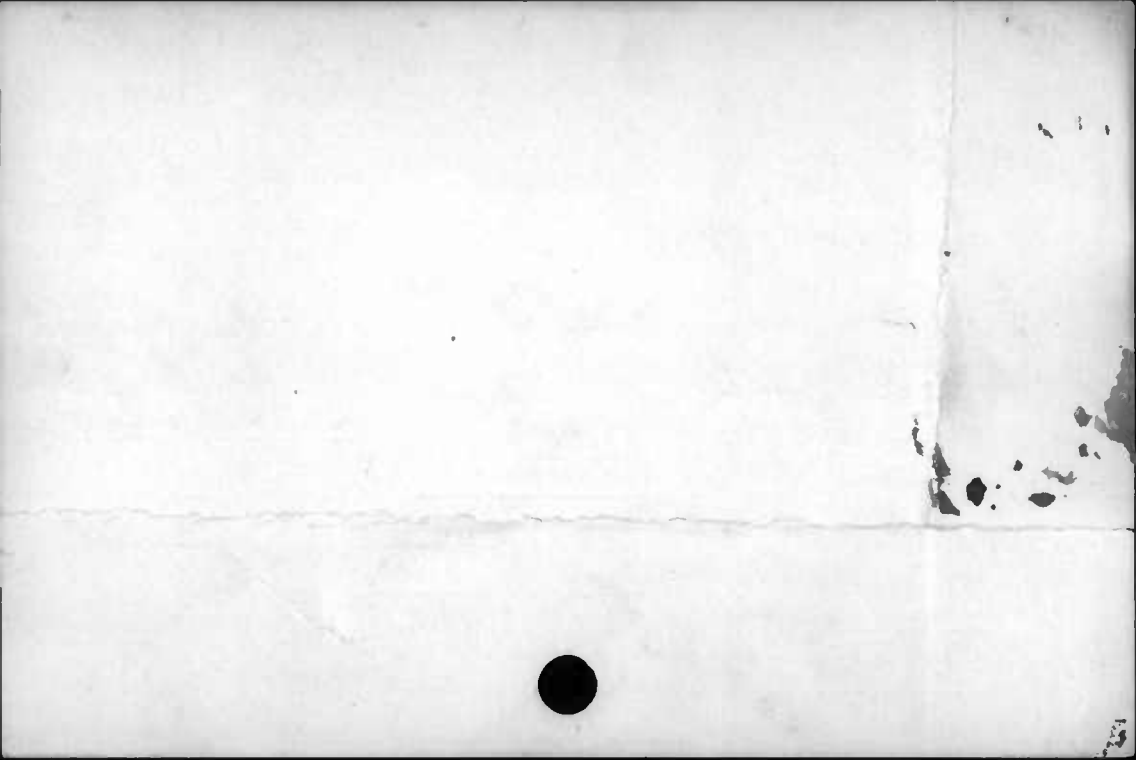
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Armiger P.O.		County Anne Arundel		MARYLAND	
Date of death		1907	Month Feb	Day 8	Age 33	Years	Months Days
Sex Male		Color or Race Colored		Birth- place A. A. Co.			
Occupation Farm hand -				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Harriett Steward					
Father's Name Charles Steward		Father's Birthplace A. A. Co.					
Mother's Maiden Name Adeline Hall		Mother's Birthplace A. A. Co.					
Name of person giving Information Robert Richards		How related to deceased Brother-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary	Pulmonary Tuberculosis	How long	About 2 years
Immediate	Exhaustion	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		James S. Bellingslee M.D.	
Address		Armiger Md.	
Accident or Suicide?		No	



Name

in
Full

CERTIFICATE OF DEATH

Sarah Ann Stewart

MARYLAND

Died at ^{Town} Glenburne ^{County} Anne ArundelDate of death 1907 ^{Month} Feb ^{Day} 13 ^{Age} 84 ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Anne Arundel Co MdOccupation Housekeeper ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband}Father's Name Dorsey Stewart ^{Father's Birthplace} Anne Arundel Co MdMother's Maiden Name Mary Pumphrey ^{Mother's Birthplace} Anne Arundel Co MdName of person giving information Edzey Stewart ^{How related to deceased} Son

CAUSES OF DEATH

Primary Old age & debility ^{How long} One year
Exhaustion ^{How long} One week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician C. R. Wintersoult Md

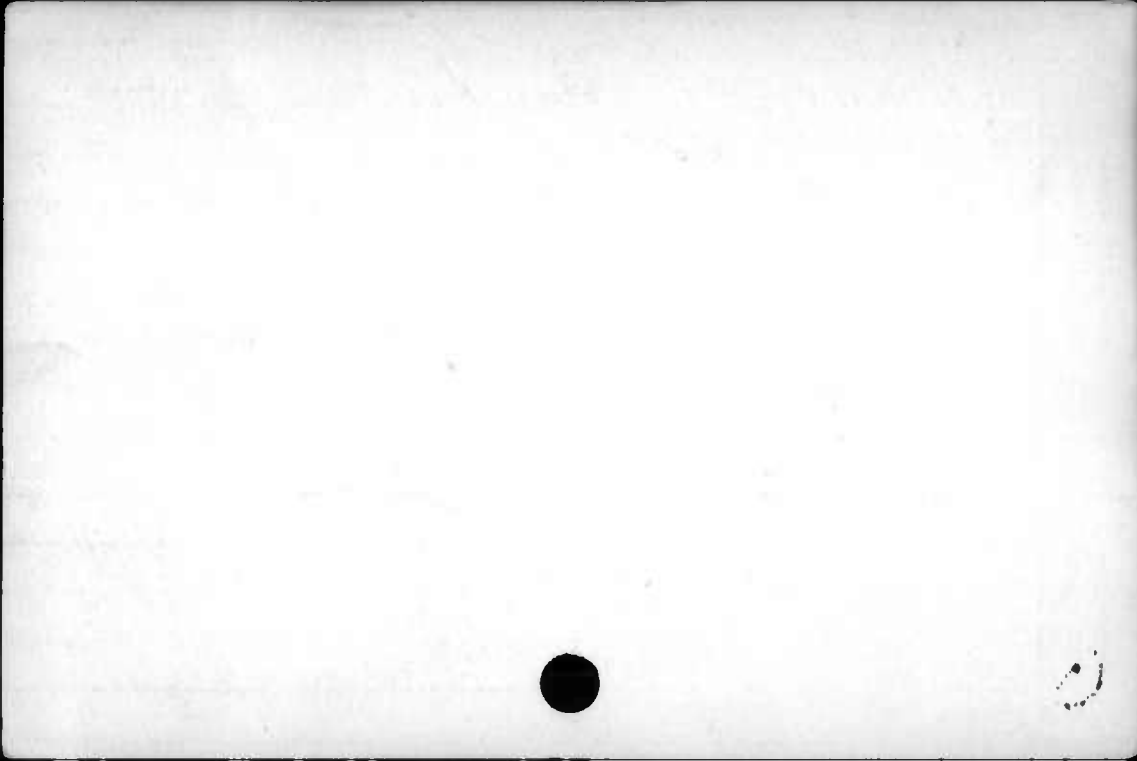
Address

Havona
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



CERTIFICATE OF DEATH

MARYLAND

Name of person giving information	Joe S. Moan.	How related to deceased	Father
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CAUSES OF DEATH

How long

How long

Signature _____
Physician _____

Address

Accident or Suicide?

